

# State of Idaho

## Department of State

AMENDED CERTIFICATE OF AUTHORITY  
OF

CONTINENTAL SOLUTION, INC.  
File Number C 113000

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application of CONTINENTAL SOLUTION, INC. for an Amended Certificate of Authority to transact business in this State, duly executed pursuant to the provisions of the Idaho Business Corporation Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Amended Certificate of Authority to CONTINENTAL SOLUTION, INC. to transact business in this State under the name CONTINENTAL SOLUTION, INC. and attach hereto a duplicate original of the Application for such Amended Certificate.

Dated: April 4, 1997



*Pete T. Cenarrusa*  
SECRETARY OF STATE

By *Sheryl Bellus*

# APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

APR 4 10 53 AM '97

To the Secretary of State of the State of Idaho:

Pursuant to Section 30-1-118, Idaho Code, the undersigned Corporation hereby applies for an amended certificate of authority to transact business in the State of Idaho and for that purpose submits the following statement.

1. A Certificate of Authority was issued to the corporation by your office on December 15 19 95, authorizing it to transact business in the State of Idaho under the name of Continental Solution, Inc.

2. Its corporate name has been changed to No Change

(Note: If the corporation name has not been changed, insert "No change.")

3. The name which it shall use hereafter in the State of Idaho is \_\_\_\_\_

4. It desires to pursue in the transaction of business in the State of Idaho purposes other than or in addition to those set forth in its prior application for certificate of authority, as follows: See attached purpose clause

(Note: If no additional purposes are proposed, insert "No change.")

Dated 3/27/97 \_\_\_\_\_ Continental Solution, Inc.  
(Corporation Name)

By [Signature]  
Its ~~President~~ Vice President, Secretary, or Assistant Secretary  
Senior (please specify) & General Counsel

Submit application and filing fee to:

Office of the Secretary of State  
Division of Corporations  
700 West Jefferson  
PO Box 83720  
Boise, Idaho 83720-0080

File two copies.

If a name change, attach certificate of fact from state of incorporation

Fee: \$30.00

Secretary of State use only IDAHO SECRETARY OF STATE  
DATE 04/04/1997  
0900 79706 2  
CK #: 10705181 CUST# 21069  
AMEND CERT @ 30.00= 30.00

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Appendix to Idaho  
Application for Amended Certificate of Authority

**Purpose Clause of  
Continental Solution, Inc.**

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The nature of the business or purposes to be conducted or promoted is to act as agent for insurance companies, to market, sell and administer insurance products, to appoint and contract with agents of insurance companies, and to engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of this State.