

# State of Idaho

Office of the Secretary of State

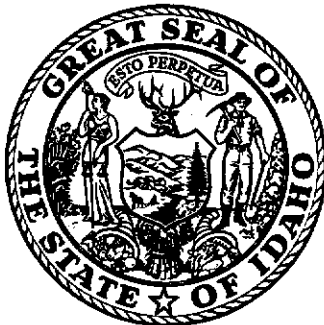
**CERTIFICATE OF AUTHORITY  
OF  
VALLEY INSURANCE SERVICE, INC.**

File Number C 193708

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Business Corporation Act, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: February 13, 2012



*Ben Yursa*

SECRETARY OF STATE

By

*Dinda Corbus*

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# APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

12 FEB 13 PM 2: 23

SECRETARY OF STATE  
STATE OF IDAHO

The undersigned Corporation applies for a Certificate of Authority and states as follows:

- The name of the corporation is:  
Valley Insurance Service, Inc.
- The name which it shall use in Idaho is: Valley Insurance Service, Inc.
- It is incorporated under the laws of: CA
- Its date of incorporation is: 06/29/1978
- The address of its principal office is:  
800 S. Barranca Ave., Suite 200, Covina, CA 91723
- The address to which correspondence should be addressed, if different from item 5, is:  
\_\_\_\_\_
- The street address of its registered office in Idaho is: 921 S. Orchard Street#G, Boise, ID 83705  
and its registered agent in Idaho at that address is: Paracorp Incorporated
- The names and respective business addresses of its directors and officers are:

Name	Title	Business Add
<u>Dennis Monahan</u>	<u>Vice President</u>	<u>800 S. Barranca Ave., Suite 200, Covina, CA 91723</u>
<u>Chris Utterback</u>	<u>President</u>	<u>216 S. 200 W., Cedar City, UT 84720</u>
<u>Mark Kenney</u>	<u>Secretary</u>	<u>216 S. 200 W., Cedar City, UT 84720</u>
<u>Joe Callister</u>	<u>Treasurer</u>	<u>216 S. 200 W., Cedar City, UT 84720</u>
_____	_____	_____
_____	_____	_____

Dated: 1/27/2012Signature: X Dennis MonahanTyped Name: Dennis MonahanCapacity: Vice-President

(The signer must be a director or an officer of the corporation.)

Customer Acct #:

(If using pre-paid account)

Secretary of State use only

5:30pm 1/27/2012  
 Email: socr@idaho.gov  
 Review: 06/20/05

Web Form

IDAHO SECRETARY OF STATE  
 02/14/2012 05:00  
 CK: 125161413 CT: 242055 BH: 1310516  
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**State of California  
Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

**VALLEY INSURANCE SERVICE, INC.**

**FILE NUMBER: C0868519**  
**FORMATION DATE: 06/29/1978**  
**TYPE: DOMESTIC CORPORATION**  
**JURISDICTION: CALIFORNIA**  
**STATUS: ACTIVE (GOOD STANDING)**

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of January 27, 2012.

*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State