



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed).

CAPIN CROUSE, LLP

For Office Use Only

-FILED-

File #: 0004923645

Date Filed: 9/23/2022 1:16:00 PM

1. The name of the entity is: _____

2. The name which it shall use in Idaho is: _____
(Enter a name here, only if you are required to adopt an alternate name.)

3. Select the type of entity you wish to register:

<input type="checkbox"/> Business Corporation	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> General Cooperative Association
<input checked="" type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership)
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust
<input type="checkbox"/> Other: _____ (Use "Other" only if your foreign entity type is not listed above, and enter the type here.)	

4. Jurisdiction of formation: _____ Indiana
(Provide the domestic jurisdiction where the entity was formed.)

5. The address of its principal office is:
345 Massachusetts Ave. Suite 300 Indianapolis IN 46204
(Street Address)

(Mailing Address, if different)

6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:
345 Massachusetts Ave. Suite 300 Indianapolis IN 46204
(Street Address)

(Mailing Address, if different)

7. The mailing address to which correspondence should be addressed, if different from item 5, is:

(Address)

8. Name and street address of registered agent in Idaho:
COGENCY GLOBAL INC. 1555 W. Shoreline Drive Suite 100 Boise, ID 83702
(Name and Address)

9. The name, capacity, and mailing address of at least one governor:

David J. Gunter	Partner	345 Massachusetts Ave. Suite 300 Indianapolis IN 46204
(Name)	(Capacity)	(Address)
_____ (Name)	_____ (Capacity)	_____ (Address)

Typed Name: _____ David J. Gunter

Signature: _____
David J. Gunter

Capacity: _____ Partner

Secretary of State use only

**State of Indiana
Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

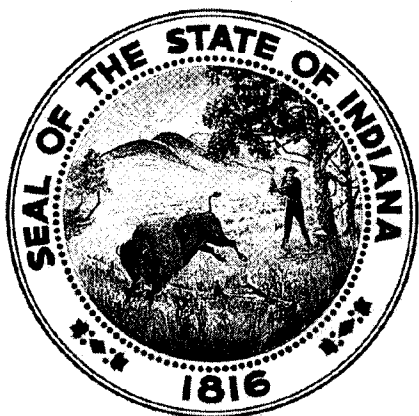
I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

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duly filed the requisite documents to commence business activities under the laws of the State of Indiana on February 05, 1996, and was in existence or authorized to transact business in the State of Indiana on August 19, 2022.

I further certify this Domestic Limited Liability Partnership has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 19, 2022

HOLLI SULLIVAN
SECRETARY OF STATE

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All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on September 18, 2022.