State of Idaho

Office of the Secretary of State

CERTIFICATE OF AUTHORITY

OF

ALLEGIANCE BENEFIT PLAN MANAGEMENT, INC.

File Number C 151475

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: 27 October 2003



Ben youra SECRETARY OF STATE

By Delivion



APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit) (Instructions on Back of Application)

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OF AUTH	ON FOR CERTIFICA HORITY (For Profit) ons on Back of Application)	ATE SAR DAY 9.34 Cates as follows:
	for a Certificate of Authority and st	rates as follows:
The name of the corporation is: ALLEGIANCE BENEFIT F	PLAN MANAGEMENT, INC.	
The name which it shall use in lo	daho is: ALLEGIANCE BENE	FIT PLAN MANAGEMENT, INC.
It is incorporated under the laws	of: MONTANA	
Its date of incorporation is: JU	NE 17, 1981	
The address of its principal office		1
The address to which correspond PO BOX 3018, MISSOUL	ndence should be addressed, if dif _A, MT 59806-3018	ferent from item 5, is:
The street address of its register and its registered agent in Idaho		ORATION SYSTEM
	Office	Address
Name Dirk C. Visser	Pres., CEO, Director	2806 S. Garfield St., Missoula, MT 59801
Clifford G. Larsen	Exec VP, Secy, Directo	2806 S. Garfield St., Missoula, MT 59801
Rock Hall	VP CFO, Treas, Director	2806 S. Garfield St., Missoula, MT 59801
Margaret McManus	VP, COO	2806 S. Garfield St., Missoula, MT 59801
ated: <u>Ccr. 1 2003</u>		Customer Acct # : (if using pre-paid account)
ignature:	Mu	Secretary of State use only
yped Name: Dirk C. Visser		IDAHO SECRETARY OF STAT 10/28/2003 05: CK: 113019 CT: 173942 BH: 1 9 190.00 = 100.00 AUTH P
Capacity: President, CEO	Name of the state	IDAHO SECRETARY OF STAT 10/28/2003 05: CK: 113819 CT: 173942 BH: 1 9 190.00 = 190.00 AUTH P
		Web Form C151475

SECRETARY OF STATE STATE OF MONTANA STATE OF MONTANA

CERTIFICATE OF EXISTENCE

I, Bob Brown, Secretary of State of the State of Montana, do hereby certify that

ALLEGIANCE BENEFIT PLAN MANAGEMENT, INC.

duly filed its Articles of Incorporation in this office on 06/17/1981, and on that date was created a body politic and corporate.

I further certify that all taxes, fees and penalties owed to this state have been paid by said corporation and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said corporation and my records indicate the corporation is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this October 16, 2003.

BOB BROWN Secretary of State

Certified File Number: D-052755