

# State of Idaho

## Department of State

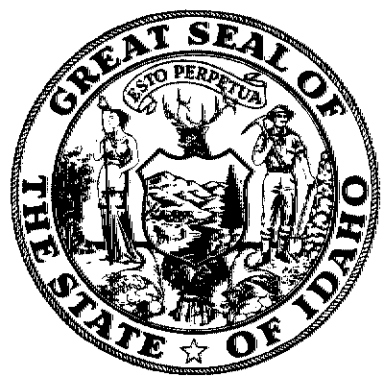
### AMENDED CERTIFICATE OF AUTHORITY OF

~~AAL DISTRIBUTORS INC.~~

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application of ~~AAL DISTRIBUTORS INC.~~ for an Amended Certificate of Authority to transact business in this State, duly signed and verified 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 ~~AAL CAPITAL MANAGEMENT CORPORATION~~ to transact business in this State under the name ~~AAL CAPITAL MANAGEMENT CORPORATION~~ and attach hereto a duplicate original of the Application for such Amended Certificate.

Dated April 26, 19 91



*Pete T. Cenarrusa*  
SECRETARY OF STATE

\_\_\_\_\_  
Corporation Clerk

APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

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 May 11 19 87, authorizing it to transact business in the State of Idaho under the name of AAL Distributors Inc.

2. Its corporate name has been changed to AAL Capital Management Corporation

(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 AAL Capital Management Corporation

Note: If the corporate name has been changed and the new name of the corporation does not contain the word "corporation," "company," "incorporated," or "limited," or any abbreviation of one of such words, insert the name of the corporation with the word or abbreviation which it elects to add thereto for use in Idaho. If a professional service corporation, add the appropriate word in place of those listed above.

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:

No Change

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

Dated April 12 19 91

By Rochelle Lamm Wallach Its President

And Robert G. Same Its Secretary

STATE OF Wisconsin )
COUNTY OF Outagamie ) ss:

I, Lisa Soufal, a notary public, do hereby certify that on this 12th day of April, 19 91, personally appeared

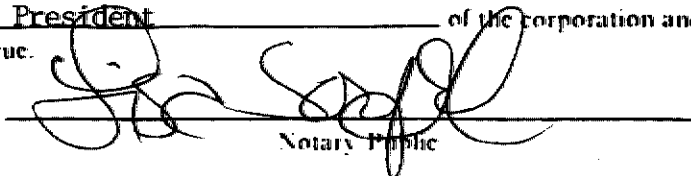
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before me Rochelle Lamm Wallach who being by me first duly sworn.

declared that <sup>she</sup> ~~he~~ is the President of AAL Capital Management Corporation

<sup>she</sup>  
that ~~he~~ signed the foregoing document as President of the corporation and  
that the statements therein contained are true.

  
Notary Public

**Lisa Soufal, notary public**  
**My commission expires 10-04-92**



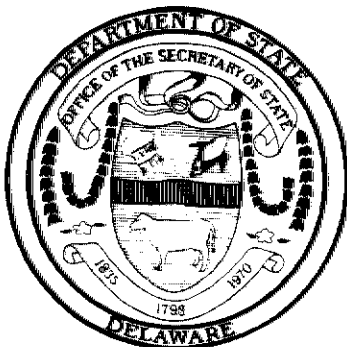
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## Office of Secretary of State

I, MICHAEL HARKINS, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THE CERTIFICATE OF MERGER OF "AAL ADVISORS INC." MERGING WITH AND INTO "AAL DISTRIBUTORS INC." UNDER THE NAME OF "AAL CAPITAL MANAGEMENT CORPORATION" WAS RECEIVED AND FILED IN THIS OFFICE THE NINETEENTH DAY OF MARCH, A.D. 1991, AT 4 O'CLOCK P.M.

\* \* \* \* \*



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Michael Harkins, Secretary of State

AUTHENTICATION: \*3004371

DATE: 04/02/1991