## State of Idaho

Office of the Secretary of State

#### **CERTIFICATE OF REGISTRATION**

OF

#### STEVE RICHARDSON INSURANCE, INC.

File Number C 207040

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, 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 Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: August 31, 2015



SECRETARY OF STATE

By My Delie



### FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00.

Complete and submit the form in duplicate.

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SECRETARY OF STATE STATE OF IDAHO

1.	The name of the entity	is: Steve Richardson	n Insurance Inc		07.112		
1.	•						······································
2.	The name which it shall use in Idaho is: Steve Richardson Insurance Inc						
3.	Select the type of entity you wish to register: (Enter a name here, only if you are required to adopt an alternate name)						
	☑ Business Corporation ☐ General Partnership						
	☐ Nonprofit Corporation		Seneral Cooperative Association				
	☐ Limited Liability Partnership ☐ Limited Partnership (Includi				liability limited parti	nership	
	☐ Limited Liability Company ☐ Statutory Trust, Business Trust, or Common-law Business Trust						
	Other:  (Use "Other" only if your foreign entity type is not listed above, and enter the type here.)						
				r the type here.)			
4.	Jurisdiction of formation: Washington State (Provide the domestic jurisdiction where the entity was formed)						
5.	The address of its principal office is:						
	860 SE Bayshore Dr	Ste 202		Oak Harbor W		Α	98277
	(Street Address)			(City)		(State)	(Zipcode)
	(Mailing Address, if differen	t)		(Cily)		(State)	(Zipcode)
6.	The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:						
	(Street Address)			(City)		(Stafe)	(Zipcode)
	(Mailing Address, if different)			(City)		(State)	(Ziprode)
7.	The mailing address to which correspondence should be addressed, if different from item 5, is:						
	(Address)			(City)		(State)	(Zipcode)
8. 9.	Name and street address of registered agent <u>in Idaho</u> :						
	Idaho Dept of Ins Director Dean L Cameron 700 W State F						
	(Name)	ctor Dean L Cameron	700 W State FI 3 (Address)		Boise (City)	ID (State)	83702
					(sary)	(otale)	(Zipcode)
	The name, capacity, and mailing address of at least one governor:						
	Steve Richardson	Pres	2380 Voyager	Ter	Oak Harbor	WA	98277
	(Name)	(Capacity)	(Address)		(City)	(State)	(Zipcode)
	Amber Reed	VP	835 SW Barrin	gton Dr	Oak Harbor	WA	98277
	(Name)	(Capacity)	(Address)	··	(City)	(State)	(Zipcode)
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				g 1DAHO SECRETARY OF STATE 9 08/31/2015 05:00			
	Typed Name: Amber R		CK: 2970 CT: 314036 BH: 1490276				
	Signature:	lu D.		IDAHO SECRETARY OF STATE  08/31/2015 05:00  08/3			
	Signature: UMM	ava,		نې در			
	Capacity: VP			201040			
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Rev. 07/2015



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

# CERTIFICATE OF EXISTENCE/AUTHORIZATION OF STEVE RICHARDSON INSURANCE, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 7/25/2005.

I FURTHER CERTIFY that as of the date of this certificate, STEVE RICHARDSON INSURANCE, INC. remains active and has complied with the filing requirements of this office.

Date: August 17, 2015

UBI: 602-524-555

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Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State