

State of Idaho

Office of the Secretary of State

AMENDED CERTIFICATE OF AUTHORITY

OF

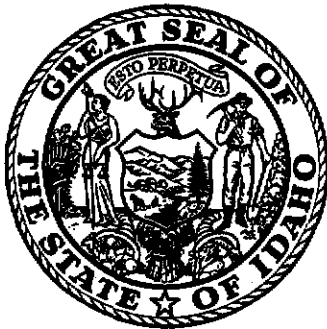
PAYCHEX AGENCY, INC.

File Number C 127045

I, BEN YSURSA, Secretary of the State, hereby certify that an Application for Amended Certificate of Authority, 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 Amended Certificate of Authority to reflect the name change from PAYCHEX AGENCY, INC. to **PAYCHEX INSURANCE AGENCY, INC.** and attach hereto a duplicate of the application for such amended certificate.

Dated: August 20, 2009



Ben Yursa

SECRETARY OF STATE

By

[Signature]



APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

(Instructions on back of application)

09 AUG 20 AM 10:52

SECRETARY OF STATE
STATE OF IDAHO

To the Secretary of State of the State of Idaho:

Pursuant to Section 30-1-1504, 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. Complete only applicable items.

1. A Certificate of Authority was issued to the corporation by your office on: January 7, 1999,
authorizing it to transact business in the State of Idaho under the name of:
Paychex Agency, Inc.
2. Its corporate name has been changed to: Paychex Insurance Agency, Inc.
3. The name which it shall use hereafter in the State of Idaho is:
Paychex Insurance Agency, Inc.
4. It has changed its jurisdiction of incorporation, without a change of corporate identity to: n/a

Dated: August 14, 2009 Corporation Name: Paychex Insurance Agency, Inc.

Signature: [Signature]

Typed Name: Kevin Hill

Capacity: President

Customer Acct # :

(If using pre-paid account)

Secretary of State use only

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amended cert of authority.p06
Rev/Amend 07/2002

IDAHO SECRETARY OF STATE
08/20/2009 05:00
CK: 95555 CT: 20160 BH: 1183760
1 @ 30.00 = 30.00 AMEND CERT # 4
1 @ 20.00 = 20.00 EXPEDITE C # 5

State of New York
Department of State } ss:

I hereby certify, that a Certificate of Amendment of PAYCHEX AGENCY, INC., changing its name to PAYCHEX INSURANCE AGENCY, INC., was filed in this Department on 08/03/2009.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 07th day of August two
thousand and nine.*



First Deputy Secretary of State

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