

State of Idaho

Office of the Secretary of State

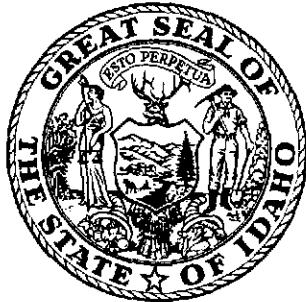
**CERTIFICATE OF REGISTRATION
OF
MANAGEMENT ALLIANCE PROGRAMS, INC.**

File Number C 212361

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: January 9, 2017




Lawrence Denney
SECRETARY OF STATE

By 



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in duplicate.

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SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: Management Alliance Programs, Inc.

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 checked="" type="checkbox"/> Business Corporation	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> General Cooperative Association
<input 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

Other:

(Use "Other" only if your foreign entity type is not listed above, and enter the type here.)

4. Jurisdiction of formation: Wisconsin

(Provide the domestic jurisdiction where the entity was formed)

5. The address of its principal office is:

N92W17420 Appleton Ave. Menomonee Falls, WI 53051

(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:

N92W17420 Appleton Ave. Menomonee Falls, WI 53051

(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:

Corporation Service Co. 12550 W. Explorer Dr. Suite 100, Boise, ID 83713

(Name)

(Address)

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

Ryan Harris President 3273 Evergreen Ct. Richfield, WI 53076

(Name)

(Capacity)

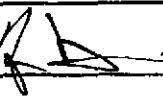
(Address)

(Name)

(Capacity)

(Address)

Typed Name: Ryan Harris

Signature: 

Capacity: President

United States of America
State of Wisconsin
DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

MANAGEMENT ALLIANCE PROGRAMS, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is August 31, 1976.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on January 03, 2017.

A handwritten signature in black ink, appearing to read "Mary Ann McCoshen".

MARY ANN MCCOSHEN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: 192267-67105B34