253	
APPLICATION FOR CERTIFICATE	FILED EFFECTIVE
OF AUTHORITY FOR FOREIGN	2009 SEP 22 PI1 2: 23
LIMITED LIABILITY COMPANY	SECRETARY OF STAR
(Instructions on back of application)	STATE OF IDAHO
1. The name of the limited liability company is:	
National Signature Solutions LLC	
2. If the name of the limited liability company is not permissible or i name the foreign limited liability company will use in Idaho is:	s not available in Idaho, the
	a formed ic: WY
3. The jurisdiction under whose laws the limited liability company i	
4. The name and complete street address of the registered agent in Idaho is:	
Northwest Registered Agent, LLC 424 E. Sherman Ave. STE S	06 Coeur D Alene, ID 83814
5. The street and mailing address of the limited liability company's 424 E. Sherman Ave. STE 305 Coeur D Alene, iD 83814 Street Address	s principal office in Idaho is:
Mailing Address, # different 6. The street and mailing addresses of the limited liability compa- under whose laws it is organized is:	ny's office in the jurisdiction
204 E. 3rd Ave. Cheyenne, WY 82001	
Street Address	
Maling Address, & different	
7. The name and mailing address of at least one member or ma	nager:
Roy Rufino 424 E. Sherman Ave. STE	E 305 Coeur D Alens, ID 83814
8. Signature of an authorized person:	Secretary of State use only
RCI	
Authinized Signature Roy Rufino-Manager	IDAHO SECRETARY OF STATE
Roy Rufino-Manager	09/22/2009 05:00 CK: NONE CT: 230717 BH: 1188946
Typed Name	1 0 100.00 = 100.00 REGFORGLLC # 2 1 0 20.00 = 20.00 EXPEDITE C # 3
	W87089

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

National Signature Solutions LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on June 29, 2009, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2009-000571639.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 22nd day of September, 2009 at 11:34 AM. This certificate is assigned 006063523.



Secretary of State

effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.