# State of Idaho

### Office of the Secretary of State

#### **CERTIFICATE OF REGISTRATION**

OF

#### BOND SERVICES OF CALIFORNIA INSURANCE AGENCY AND BROKERAGE, LLC

#### File Number W 177081

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 18, 2017

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SECRETARY OF STATE

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# 202

#### **FOREIGN REGISTRATION STATEMENT**

Title 30, Chapter 21, Idaho Code

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

Complete and submit the form in duplicate.

2017 JAN 18 PM 4: 29

SECRETARY OF STATE STATE OF IDAHO

1.	The name of the entity is: Bond Services of California Insurance Agency and Brokerage, LLC				
2.	. The name which it shall use in Idaho is:	e name which it shall use in Idaho is:			
3.	Select the type of entity you wish to register: (Enter a name here, only if you are required to adopt an alternate name)				
	• • • • • • • • • • • • • • • • • • • •				
		☐ General Cooperative Association			
			ding a limited liability limited partnership		
	I Other:				
	(Use "Other" only if your foreign entity type is <u>not</u> listed above, and enter the type here.)				
4.	. Jurisdiction of formation: California	Jurisdiction of formation: (Provide the domestic jurisdiction where the entity was formed)			
5.	· · · · · · · · · · · · · · · · · · ·		,		
523 W. 6th Street, Suite 242, Los Angeles, CA 90014  (Street Address)					
	(Mailing Address, if different)				
6.		ne address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:			
٠,	The address of he demestic principal onice (in required by the laws of the jurisdiction of formation) is:				
	(Street Address)				
	(Mailing Address, if different)				
7. The mailing address to which correspondence should be addressed, if different from item 5, is:  (Address)				n 5, is:	
8.	. Name and street address of registered ad	ame and street address of registered agent <u>in Idaho</u> :			
ID DOI Director, Dean L. Cameron 700 W. State St. Fl 3, Boisie, ID 83702				702	
	(Name)				
9.	he name, capacity, and mailing address of at least one governor:				
٥.					
	Will Mingram owner 523 W. 6th Street, Suite 242, Los Angeles, CA 90014  (Name) (Capacity) (Address)  Manager				
	(Name) (Capacit	ty) (Address)			
	(Sapadi	.37			
			Į.		
			No ID.	AHO SECRETARY OF STATE	
Typed Name: Will Mingram			D:	1/18/2017 05:00	
			e CK:4403	6 CT:333494 BH:1564589	
Typed Name: Will Mingratm  Signature: 0					
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Canacity Owner Manager			1 25	W177081	

Rev. 08/2015

## State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: BOND SERVICES OF CALIFORNIA INSURANCE AGENCY AND

BROKERAGE, LLC

FILE NUMBER: FORMATION DATE:

200117410049 06/20/2001

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 29, 2016.

ALEX PADILLA Secretary of State