# State of Idaho

## Office of the Secretary of State

#### **CERTIFICATE OF REGISTRATION**

OF

#### KAERCHER INSURANCE, AN ALERA GROUP AGENCY, LLC

#### File Number W 202216

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: May 21, 2018

THU OF STATE OF STATE

SECRETARY OF STATE

By latertenser



### FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

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

Complete and submit the form in <u>duplicate</u>.

2018 MAY 21 PM 1:58

SECRETARY OF STATE
STATE OF IDAHO

1.	The name of the entity is: Kaercher Insurance, An Alera Group Agency, LLC					
2.	The 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 atternate name)  Business Corporation  General Partnership					
	☐ Nonprofit Corporation		Cooperative As	socia	tion	
	☐ Limited Liability Partnership		•		g a limited liability limited partnership	
	☐ Limited Liability Company ☐ Statutory Trust, Business Trust, or Common-law Business Trust					
	] Other:					
	(Use "Other" only if your foreig		listed above, and en	ter the	type here.)	
4.	Jurisdiction of formation: DELAWARE  (Provide the domestic jurisdiction where the entity was formed)					
5. The address of its principal office is:				ne the entity was roomed)		
	B PARKWAY NORTH, SUITE 500					
	(Street Address)					
	DEERFIELD, IL 60015					
	(Mailing Address, if different)					
6.	The address of its domestic principal office (if 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)					
8.	The name of the registered agent and street address of registered agent <u>in Idaho:</u>					
	Corporation Service Company, 12550 W. Explorer Drive, Suite 100, Boise, ID 83713					
	(Address)					
9.	The name conseity and mailing of	,	•			
<b>J</b> .		he name, capacity, and mailing address of at least one governor:				
				NOR	TH, SUITE 500, DEERFIELD, IL 60015	
	(Name)	(Capadity)	(Address)			
	(Name) (	(Capacity)	(Address)			
	<b>A</b>					
I DAHO SECRETARY OF STATE					IDAMO SECRETARY OF STATE	
	Signature: /////	the		cretary of State use only	05/21/2018 05:00 CK:PREPAID CT:1157 BH:1644745	
Typed Name: PETER J. MARATHAS 2 16 100.00 = 100.00 FOR REG ST #						
	rypeu name: TETETO MATTER			ry o	1@ 20.00 = 20.00 EXPEDITE C #3	
Capacity: SECRETARY OF SOLE MEMBER				cretz		

Rev. 11/2015

W 202216



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "KAERCHER INSURANCE, AN ALERA GROUP

AGENCY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE

AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF MAY, A.D.

2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KAERCHER INSURANCE, AN ALERA GROUP AGENCY, LLC" WAS FORMED ON THE NINTH DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202725307

Date: 05-18-18