

# State of Idaho

Office of the Secretary of State

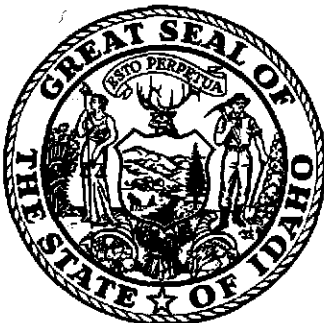
**CERTIFICATE OF AUTHORITY  
OF  
ASHLAND INSURANCE, INC.**

File Number C 202724

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Business Corporation Act, 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 Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: July 10, 2014



*Ben Yursa*

SECRETARY OF STATE

By

*[Signature]*



# APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

2014 JUL 10 AM 8:44

SECRETARY OF STATE  
STATE OF IDAHO

The undersigned Corporation applies for a Certificate of Authority and states as follows:

1. The name of the corporation is:

Ashland Insurance, Inc.

2. The name which it shall use in Idaho is:

Ashland Insurance, Inc.

3. It is incorporated under the laws of:

Oregon

4. Its date of incorporation is:

12/12/1989

5. The address of its principal office is:

585 A Street Ste #1, Ashland, Or 97520

6. The address to which correspondence should be addressed, if different from item 5, is:

PO Box 880, Ashland, Or 97520

7. The street address of its registered office in Idaho is:

950 W Bannock #1100, Boise, Id 83702

and its registered agent in Idaho at that address is:

Corporate Creations Network, Inc

8. The names and respective business addresses of its directors and officers are:

Name	Title	Business Address
<u>Steve Wilson</u>	<u>President</u>	<u>585 A St, Ashland, Or</u>
<u>Jeff Wilson</u>	<u>Sec-Treasurer</u>	<u>801 O'Hare Pkwy</u>
		<u>Ste 101, Medford Or 97504</u>
<u>Tom Wilson</u>	<u>V. P</u>	<u>same as above 97504</u>

Dated:

06/14/2014

Signature:

Steven B Wilson

Typed Name:

Steven B Wilson

Capacity:

President

[The signer must be a director or an officer of the corporation.]

Customer Acct # :

(if using pre-paid account)

Secretary of State use only

IDAHO SECRETARY OF STATE

07/10/2014 05:00

CK:49537 CT:298845 BH:1432634

1@ 100.00 = 100.00 AUTH PRO #2

1@ 20.00 = 20.00 CORP SUR #3

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forms\applicants\authority\_profit.pmd  
Revised 06/2005

Web Form

C202724

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

## Certificate of Existence 490P948G6

*I, KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:*

**ASHLAND INSURANCE, INC.**

*is*

**Incorporated**

*under the laws of The State of Oregon*

*and is active on the records of the Corporation Division as of the date of this certificate.*



*In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.*

A handwritten signature in black ink, appearing to read "Kate Brown", is written over a horizontal line.

**KATE BROWN, Secretary of State**

**7/7/2014**