

# State of Idaho

## Department of State

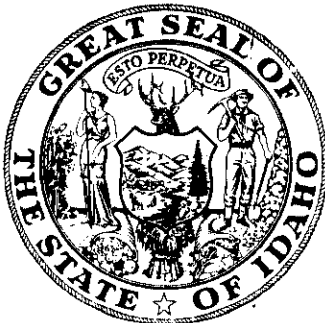
### CERTIFICATE OF AUTHORITY OF

TALBOT-BHJ INSURANCE, INC  
File number C 128020

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority to transact business in this State, duly executed pursuant to the provisions of the Idaho Business Corporation Act, have been received in this office and are 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 attach hereto a duplicate of the Application for such Certificate.

Dated: March 18, 1999



*Pete T. Cenarrusa*  
SECRETARY OF STATE

By *Caranda J. H. 26*

# APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

**FILED**

To the Secretary of State of Idaho

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

1. The name of the corporation is Talbot-BHJ Insurance, Inc.
2. The name which it shall use in Idaho is \_\_\_\_\_
3. It is incorporated under the laws of Wyoming
4. Its date of incorporation is 12/31/58
5. The address of its principal office is 101 South Main Street, Sheridan, Wyoming 82801
6. The address to which correspondence should be addressed, if different than item 5, is \_\_\_\_\_
7. The street address of its registered office in Idaho is 300 North 6th Street, Boise, Idaho 83701  
\_\_\_\_\_, and its registered agent in Idaho at that address is C T Corporation System
8. The names and respective business addresses of its directors and officers are:

Name	Office	Address
See attached list of directors and officers	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dated: 3-12-99

Talbot-BHJ Insurance, Inc.

(Corporation name)

By Matthew Chavez

Matthew Chavez

Its Vice President  
(specify capacity of signer)

Customer Acct #:

**IDAHO SECRETARY OF STATE**

(If using pre-paid account)

**037-1871599-89\*00**  
CK: 136833397 CT: 70319 BN: 190402

1 @ 100.00 = 100.00 AUTH PRO # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

C 128000

g:\corp\forms\ACA2.pmf Revised 4/97

Appendix to Idaho  
Application for Certificate of Authority

**Directors and Officers of  
Talbot-BHJ Insurance, Inc.**

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1. David E. Weymouth, Chairman and Director  
7770 Jefferson NE  
Albuquerque, New Mexico 87109
2. Timothy R. Barnes, President and Director  
101 South Main Street  
Sheridan, Wyoming 82801
3. Rod A. Pierson, Vice President, Treasurer, Secretary and Director  
Safeco Plaza  
Seattle, Washington 98185
4. Matthew Chavez, Vice President & Assistant Secretary  
7770 Jefferson NE  
Albuquerque, New Mexico 87109
5. Gary D. Bowers, Vice President  
101 S. Main Street  
Sheridan, Wyoming 82801
6. Bruce E. Garber, Vice President  
101 South Main Street  
Sheridan, Wyoming 82801
7. Shari Lucero, Assistant Secretary & Assistant Treasurer  
7770 Jefferson NE  
Albuquerque, New Mexico 87109
8. Richard W. Meyers, Vice President  
101 South Main Street  
Sheridan, Wyoming 82801

# State of Wyoming

## Office of the Secretary of State



United States of America,  
State of Wyoming } ss.

I, JOSEPH B. MEYER, Secretary of State of the State of Wyoming, do hereby certify that according to the records in the office of the Secretary of State of Wyoming, TALBOT- BHJ INSURANCE, INC. is a corporation organized under the laws of the State of Wyoming, whose date of incorporation is 12/31/1958; and whose period of duration is perpetual.

I FURTHER CERTIFY that this corporation has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and that Articles of Dissolution have not been filed, thus making the corporation in existence in the State of Wyoming.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Wyoming. Done at Cheyenne, the Capital, this 16th day of March A.D., 1999.



*Joseph B. Meyer*  
\_\_\_\_\_  
Secretary of State

By *Tommi*  
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