

# State of Idaho

Office of the Secretary of State

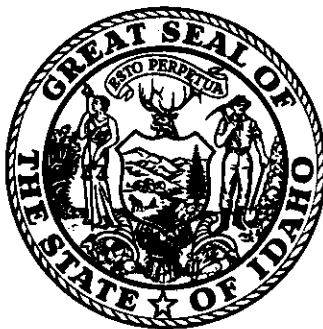
**CERTIFICATE OF AUTHORITY  
OF  
NORTHWEST INSURANCE PROFESSIONALS, LLC**

File Number W 131972

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 Uniform Limited Liability 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: December 11, 2013



*Ben Yursa*

SECRETARY OF STATE

By *[Signature]*



# APPLICATION FOR CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 DEC 11 PM 4:45

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

NORTHWEST INSURANCE PROFESSIONALS,LLC

2. If the name of the limited liability company is not permissible or is not available in Idaho, the name the foreign limited liability company will use in Idaho is:

3. The jurisdiction under whose laws the limited liability company is formed is: WASHINGTON

4. The name and complete street address of the registered agent in Idaho is:

Sayako Dolphin 2340 N. Miller Way, Post Falls, ID 83854

5. The street and mailing address of the limited liability company's principal office is:

421 W. RIVERSIDE AVENUE SUITE 665 SPOKANE, WA 99201

*Street Address*

SAME AS ABOVE

*Mailing Address, if different*

6. The street and mailing address of the limited liability company's office in the jurisdiction under whose laws it is organized is:

421 W RIVERSIDE AVENUE SUITE 665 SPOKANE WA 99201

*Street Address*

SAME AS ABOVE

*Mailing Address, if different*

7. The name and mailing address of at least one member or manager:

MICHELLE Y STUART 8606 E DESMET AVENUE SPOKANE WA 99212

8. The mailing address for future correspondence:

421 W RIVERSIDE AVE SUITE 665 SPOKANE WA 99201

9. Signature of a manager, member or authorized person,

*Signature*

MICHELLE Y STUART

*Typed Name*

Secretary of State use only

IDAHO SECRETARY OF STATE  
12/10/2013 05:00  
CK: 1000 CT: 290484 BH: 1401112  
1 @ 100.00 = 100.00 REGFORGLLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

W131972

UNITED STATES OF AMERICA

The State of



Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal,  
hereby issue this

**CERTIFICATE OF EXISTENCE/AUTHORIZATION**

**OF**

**NORTHWEST INSURANCE PROFESSIONALS, LLC**

**I FURTHER CERTIFY** that the records on file in this office show that the above named  
Limited Liability Company was formed under the laws of the State of WA and was issued a  
Certificate Of Formation in Washington on 10/1/2012.

**I FURTHER CERTIFY** that as of the date of this certificate, NORTHWEST INSURANCE  
PROFESSIONALS, LLC remains active and has complied with the filing requirements of this  
office.

Date: November 14, 2013

UBI: 603-242-432



Given under my hand and the Seal of the State  
of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State