

State of Idaho

Office of the Secretary of State

CERTIFICATE OF AUTHORITY

OF

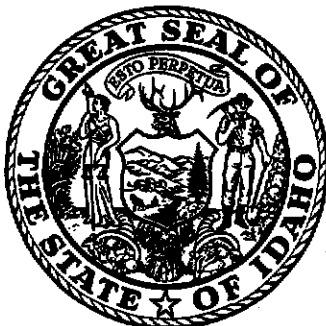
ADAMCO, INC.

File Number C 183779

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 9, 2009



Ben Yursa

SECRETARY OF STATE

By *Sally Lloyd*



APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

FILED EFFECTIVE

09 JUL -9 AM 8:29

SECRETARY OF STATE
STATE OF IDAHO

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

- The name of the corporation is:
ADAMCO, INC.
- The name which it shall use in Idaho is: _____
- It is incorporated under the laws of: Washington State
- Its date of incorporation is: 7/11/1990
- The address of its principal office is:
215 E. Lakeside, Coeur d'Alene, ID, 83814
- The address to which correspondence should be addressed, if different from item 5, is:
PO Box 1769, Coeur d'Alene, ID 83816
- The street address of its registered office in Idaho is: 215 E. Lakeside, Coeur d'Alene, ID 83814
and its registered agent in Idaho at that address is: Troy Adams
- The names and respective business addresses of its directors and officers are:

Name	Title	Business Address
<u>Troy Adams</u>	<u>President/Treasurer</u>	<u>215 E. Lakeside, Coeur d'Alene, ID 83814</u>
<u>Terina Adams</u>	<u>V.P./Secretary</u>	<u>215 E. Lakeside, Coeur d'Alene, ID 83814</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dated: 7/7/2009

Signature: _____

Typed Name: Troy AdamsCapacity: 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

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form\appforcertofauthority_profit.pmd
Revised 09/2005

C 183779

IDAHO SECRETARY OF STATE
07/09/2009 05:00
CK: 69132 CT: 238651 BH: 1178803
1 @ 100.00 = 100.00 AUTH PRO # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

Web Form

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

ADAMCO, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 7/11/1990.

I FURTHER CERTIFY that as of the date of this certificate, ADAMCO, INC. remains active and has complied with the filing requirements of this office.

Date: June 30, 2009

UBI: 601-262-340



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

Sam Reed, Secretary of State