

FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

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

Complete and submit the form in duplicate.

For Office Use Only

-FILED-

File #: 0003388432

Date Filed: 12/26/2018 11:31:00 AM

The name of the entity is:	aines Insurance A	Agency, Inc.
The name which it shall use	in Idaho is:	
Select the type of entity you		(Sinter a harms here, only if you are required to adopt an afternate name)
Business Corporation	_	al Partnership
☐ Nonprofit Corporation	☐ General Cooperative Association	
☐ Limited Liability Partnersh		d Partnership (Including a limited liability limited partnership
☐ Limited Liability Company	☐ Statuto	ory Trust, Business Trust, or Common-law Business Trust
Other:	The section has to not	(Isled above, and enter the type here)
Jurisdiction of formation: C	alitornia	
	[A1134:09]	the admestic jurisdiction where the entity was formed:
The address of its principal of 2260 Lava Ridge Ct. St.		CA 95661
(Street surfress)		
(Mailing Address, If different)		
The address of its domestic	principal office (if requ	uired by the laws of the jurisdiction of formation) is:
2260 Lava Ridge Ct. S		
istreet Austrasia		
(Mailing Address or different)		
The mailing address to which	n correspondence sho	ould be addressed, if different from item 5, is:
(Address)		
Name and street address of	120	
Dean L. Cameron	700 W State FI 3, Boise ID 83702	
The name, capacity, and ma	-	
Edward M Gaines	President	2260 Lava Ridge Ct. Ste 101 Roseville CA 95661
3-2		
Haley G Andrews	*Capacity)	er 2260 Lava Ridge Ct. Ste 101 Roseville CA 95661
V&117C	Tomodis Editor Light	CHE STORY
		र्वे
Typed Name: Haley Gaine	s Andrews	987
Typed Name. Transfer Same		scretary of State use only
Signature	•	اق اق
		tay .
Capacity: Vice President		956

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

GAINES INSURANCE AGENCY, INC.

FILE NUMBER:

C3436013

FORMATION DATE:

01/19/2012

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 29, 2018.

> **ALEX PADILLA** Secretary of State