## State of Idaho

Office of the Secretary of State

#### **CERTIFICATE OF REGISTRATION**

OF

#### **BLOOM BENEFITS ASSOCIATION, INC.**

#### File Number C 209794

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, 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 Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: May 16, 2016



SECRETARY OF STATE

# 202

#### FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

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

Complete and submit the form in <u>duplicate</u>.

2016 MAY 16 PM 2: 57

SECRETARY OF STATE STATE OF IDAHO

1,	The name of the entity is: BLOOM BENEFITS ASSOCIATION, INC.				
2.	he name which it shall use in Idaho is:				
3.	Select the type of entity you wish to	ect the type of entity you wish to register:  (Enter a name here, only if you are required to adopt an alternate name)			
	☐ Business Corporation	☐ General Partnership			
	☑ Nonprofit Corporation	☐ General Cooperative Ass	sociation		
	☐ Limited Liability Partnership		uding a limited liability limited partnership		
	☐ Limited Liability Company	☐ Statutory Trust, Business	s Trust, or Common-law Business Trust		
	Other:				
4	Use "Other" only if your foreign entity type is <u>not</u> listed above, and enter the type here.)  Jurisdiction of formation:  Delaware				
	(Provide the domestic jurisdiction where the entity was formed)				
5.	ne address of its principal office is:				
	711 East Imperial Highway, Suite 100 Brea, CA 92821 (Street Address)				
	(Mailing Address, if different)	Mailing Address, if different)			
6.	the address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:				
	2140 S DUPONT HWY CAMDEN, DE 19934				
	(Street Address)				
	(Mailing Address, if different)				
7.	ne mailing address to which correspondence should be addressed, if different from item 5, is:				
	(Address)			<del></del> -	
8.	ame and street address of registered agent <u>in Idaho</u> :				
	Corporate Creations Network Inc. 950 W. Bannock Street #1100 Boise, ID 83702  (Name) (Address)				
9.	The name, capacity, and mailing address of at least one governor:				
		•	perial Highway, Suite 100 Brea, CA 92821		
		Capacity) (Address)	portar rightaly, date 100 bica, OA 32021		
	Audrey Bridges [	Director 711 East Imp	perial Highway, Suite 100 Brea, CA 92821		
	(Name) (C	Capacity) (Address)			
	**SEE ADDITIONAL ATTAC	CHED LIST**			
			  -  -		
	Typed Name: Kistine Roy		O O TRIBE GRADOUTDU OR GRA	arr	
	Typed Name: Typistine Huy		\$ IDAHO SECRETARY OF STA   \$ 05/16/2016 05:0		
	Signature:		CK:PREPAID CT:221028 BH:		
	11 //		10 100.00 = 100.00 FOR R		
	Capacity: Special Secretary	·	S		
Rev.	.08/2015		0		

### Attachment to Foreign Registration Statement for BLOOM BENEFITS ASSOCIATION, INC.

The name, capacity and mailing address of additional governor(s):

Lisa Collier, Director 711 East Imperial Highway, Suite 100 Brea, CA 92821



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BLOOM BENEFITS ASSOCIATION, INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF MAY, A.D.

2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLOOM BENEFITS ASSOCIATION, INC." WAS INCORPORATED ON THE NINTH DAY OF FEBRUARY,

A.D. 2016.

Authentication: 202317598

Date: 05-13-16