

State of Idaho

Office of the Secretary of State

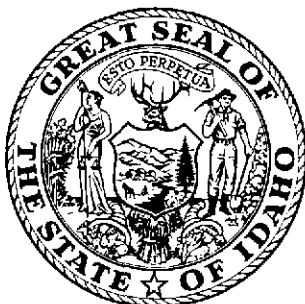
**CERTIFICATE OF REGISTRATION
OF
ABA INSURANCE SERVICES INC.**

File Number C 214504

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: July 14, 2017



Lawrence Denney
SECRETARY OF STATE

By *[Signature]*



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

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

Complete and submit the form in duplicate.

2017 JUL 14 AM 8:40

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: ABA INSURANCE SERVICES INC.
2. The name which it shall use in Idaho is: ABA INSURANCE SERVICES INC.
(Enter a name here only if you are required to adopt an alternate name)
3. Select the type of entity you wish to register:

<input checked="" type="checkbox"/> Business Corporation	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> General Cooperative Association
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership)
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust

☐ Other: _____
(Use "Other" only if your foreign entity type is not listed above and enter the type here)
4. Jurisdiction of formation: OHIO
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:
5910 LANDERBROOK DRIVE, SUITE 100
(Street Address)
MAYFIELD HEIGHTS, OHIO 44124
(Mailing Address, if different)
6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:
5910 LANDERBROOK DRIVE, SUITE 100
(Street Address)
MAYFIELD HEIGHTS, OHIO 44124
(Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from item 5, is:
N/A
(Address)
8. Name and street address of registered agent in Idaho:
DEAN L. CAMERON 700 W. STATE FL3, BOISE, ID 83702
(Name) (Address)
9. The name, capacity, and mailing address of at least one governor:

<u>SHAWN MCNAMARA</u>	<u>CFO/TRESUI</u>	<u>5910 LANDERBROOK DRIVE, #100, MAYFIELD HTS OH</u>
<small>(Name)</small>	<small>(Capacity)</small>	<small>(Address)</small>

Typed Name: SHAWN MCNAMARA

Signature: _____

Capacity: CFO/TREASURER

Secretary of State use only

IDAHO SECRETARY OF STATE

07/14/2017 05:00

CK:43007 CT:342623 BH:1593545
1@ 100.00 = 100.00 FOR REG ST #2

C214504

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ABA INSURANCE SERVICES INC., an Ohio corporation, Charter No. 1829021, having its principal location in Mayfield Heights, County of Cuyahoga, was incorporated on January 12, 2009 and is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 5th day of July, A.D. 2017.*

Jon Husted

Ohio Secretary of State

Validation Number: 201718602806