

State of Idaho

Office of the Secretary of State

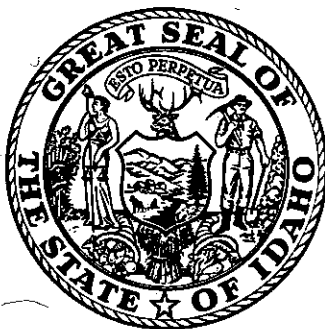
**CERTIFICATE OF AUTHORITY
OF
COTGREAVE INSURANCE AGENCY, INC.**

File Number C 198820

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: June 17, 2013



Ben Yursa

SECRETARY OF STATE

By

Ninda Corbus



APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

2013 JUN 17 AM 9:29

SECRETARY OF STATE
STATE OF IDAHO

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

1. The name of the corporation is:
Cotgreave Insurance Agency, Inc.
2. The name which it shall use in Idaho is: Same
3. It is incorporated under the laws of: NY
4. Its date of incorporation is: 12/31/92
5. The address of its principal office is:
558 Portion Road, Ronkonkoma, NY 11779
6. The address to which correspondence should be addressed, if different from item 5, is:
Same
7. The street address of its registered office in Idaho is: 700 W State Fl 3, Boise ID 83702
and its registered agent in Idaho at that address is: Idaho Dept of Insurance Director Bill Deal
8. The names and respective business addresses of its directors and officers are:

Name	Title	Business Address
William C. Cotgreave	President	558 Portion Road Ronkonkoma, NY 11779

Dated: 5/2/2013

Signature: [Signature]

Typed Name: William C. Cotgreave

Capacity: 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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Revised 06/2005

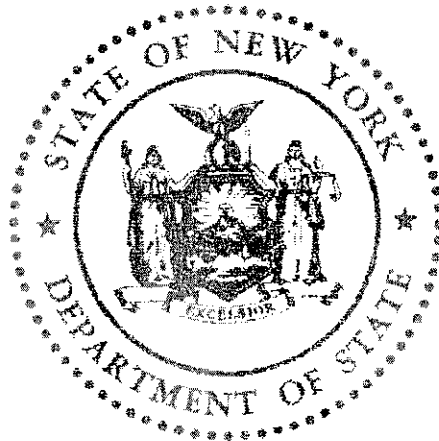
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06/17/2013 05:00
CK: 1936 CT: 284339 BH: 1378269
1 @ 100.00 = 100.00 AUTH PRO # 2

Web Form

C198820

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of COTGREAVE INSURANCE AGENCY, INC. was filed on 12/31/1992, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 03rd day of June two
thousand and thirteen.*

First Deputy Secretary of State