

State of Idaho

Office of the Secretary of State

CERTIFICATE OF REGISTRATION

OF

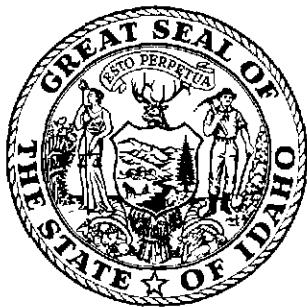
CGM RISK MANAGEMENT AND INSURANCE SERVICES LLC

File Number W 202710

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 24, 2018



Lawrence D.
By *S. Phillips*
SECRETARY OF STATE



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

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

Complete and submit the form in duplicate.

2018 MAY 24 PM 2:03

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: CGM RISK MANAGEMENT AND INSURANCE SERVICES LLC

2. The name which it shall use in Idaho is: _____

3. Select 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 Association
 Limited Liability Partnership Limited Partnership (including a limited liability limited partnership)
 Limited Liability Company 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: CALIFORNIA

(Provide the domestic jurisdiction where the entity was formed)

5. The address of its principal office is:

2300 E KATELLA AVENUE, SUITE 200 ANAHEIM, CA 92806

(Street Address)

(Mailing Address, if different)

6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

2300 E KATELLA AVENUE, SUITE 200 ANAHEIM, CA 92806

(Street Address)

(Mailing Address, if different)

7. The mailing address to which correspondence should be addressed, if different from item 5, is:

(Address)

8. Name and street address of registered agent in Idaho:

DEAN L CAMERON 700 W STATE ST FL 3, BOISE, ID 83702

(Name)

(Address)

9. The name, capacity, and mailing address of at least one governor:

DARREN GROSSMAN 191 Presidential Blvd, Ste W-1 Bala Cynwyd, PA 19004

(Name)

(Capacity)

(Address)

(Name)

(Capacity)

(Address)

Typed Name: DARREN GROSSMAN

Signature: D. Grossman

Capacity: OWNER / MBR

Secretary of State use only

IDAMO SECRETARY OF STATE
05/24/2018 05:00
CK:1005 CT:358309 BH:1645601
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W1202710

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: CGM RISK MANAGEMENT AND INSURANCE SERVICES LLC

FILE NUMBER: 201718410229
FORMATION DATE: 06/26/2017
TYPE: DOMESTIC LIMITED LIABILITY COMPANY
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
May 4, 2018.

A handwritten signature in black ink that reads "Alex Padilla".

ALEX PADILLA
Secretary of State

LHT