



## STATE OF IDAHO

*Office of the secretary of state, Phil McGrane*  
**FOREIGN REGISTRATION STATEMENT (LIMITED  
LIABILITY COMPANY)**

Idaho Secretary of State  
PO Box 83720  
Boise, ID 83720-0080  
(208) 334-2301  
Filing Fee: \$100.00

*For Office Use Only*

-FILED-

File #: 0005223735

Date Filed: 5/11/2023 11:48:53 AM

<p>Foreign Registration Statement (Limited Liability Company)</p> <p>Select one: Standard, Expedited or Same Day Service (see descriptions below)</p> <p>1. The name this limited liability company will use in Idaho is:  <b>Type of Limited Liability Company</b> Foreign Limited Liability Company  <b>Entity name</b> Valerie E Trca Insurance Services, LLC  <b>Valerie E Trca Insurance Services, LLC</b></p> <p>2. Home Jurisdiction  <b>The jurisdiction of formation is:</b> WASHINGTON</p> <p>3. The street address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:  <b>Street Address</b>  <b>VALERIE E TRCA</b>  <b>8414 N WALL ST</b>  <b>STE C</b>  <b>SPOKANE, WA 99208</b></p> <p>4. The mailing address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:  <b>Mailing Address</b>  <b>VALERIE E TRCA</b>  <b>8414 N WALL ST</b>  <b>STE C</b>  <b>SPOKANE, WA 99208</b></p> <p>5. The complete street address of the principal office is:  <b>Principal Office Address</b>  <b>8414 N WALL ST</b>  <b>STE C</b>  <b>SPOKANE, WA 99208</b></p> <p>6. The mailing address of the principal office is:  <b>Mailing Address</b>  <b>VALERIE E TRCA</b>  <b>8414 N WALL ST</b>  <b>STE C</b>  <b>SPOKANE, WA 99208-6161</b></p> <p>7. Registered Agent Name and Address  <b>Registered Agent</b>  <b>DEAN L CAMERON</b>  <b>Commercial Registered Agent</b>  <b>Physical Address</b>  <b>700 W STATE ST 3RD FL</b>  <b>IDAHO DEPARTMENT OF INSURANCE</b>  <b>BOISE, ID 83702</b>  <b>Mailing Address</b>  <b>700 W STATE ST 3RD FL</b>  <b>BOISE, ID 83702</b></p> <p><input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.</p> <p>8. Governors</p> <table border="1"> <tr> <td>Name</td> <td>Title</td> <td>Address</td> </tr> </table>			Name	Title	Address
Name	Title	Address			



Valerie E Trca	Manager	8414 N WALL ST STE C SPOKANE, WA 99208-6161
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Signature of individual authorized by the entity to sign:

*Valerie E Trca*

Sign Here

*05/11/2023*

Date

Job Title: Manager

UNITED STATES OF AMERICA

The State of Washington

Secretary of State



I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

**CERTIFICATE OF EXISTENCE**

**OF**

**VALERIE E TRCA INSURANCE SERVICES, LLC**

**I CERTIFY** that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 01/01/2012.

**I FURTHER CERTIFY** that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

**I FURTHER CERTIFY** that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

**I FURTHER CERTIFY** that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 05/11/2023  
UBI Number: 603 165 997

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

A handwritten signature in black ink that reads "Steve R. Hobbs".

Steve R. Hobbs, Secretary of State

Date Issued: 05/11/2023

