State of Idaho

Office of the Secretary of State

AMENDED CERTIFICATE OF REGISTRATION

OF

GRAHAM INSURANCE GROUP WEST, INSURANCE AGENCY dba GRAHAM INSURANCE GROUP WEST, INC.

File Number C 209257

I, LAWERENCE DENNEY, Secretary of the State, hereby certify that an Application for Amended Foreign Registration 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 Amended Certificate of Foreign Registration to reflect the name change from GRAHAM INSURANCE GROUP WEST, INSURANCE AGENCY dba GRAHAM INSURANCE GROUP WEST, INC. to **GRAHAM WEST INSURANCE SERVICES, INC.** and attach hereto a duplicate of the application for such amended certificate.

Dated: April 30, 2018

THE

SECRETARY OF STATE

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AMENDMENT OF FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code Filing fee: \$30 typed, \$50 not typed

Complete and submit the application in duplicate.

2018 APR 30 AM 10: 05

	STATE OF TURNING
1 Entity name: Graham Insurat	nce Group West, Insurance Agency
and the same an	
The entity name is amended to:	Graham West Insurance Services, Inc.
	de en estado la Colonia de la como de francisca de la labora de estado de la colonia dela colonia de la colonia dela colonia de la colonia del colonia del colonia dela colo
a. If the new name is not availab	ole or permissible in Idaho, the name to be used in Idaho is:
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3. The entity type is amended to:	
• • •	
☐ 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:	(Provide unlisted foreign entity type here)
	(Provide unlisted foreign entity type nere)
4. The entity's jurisdiction is amende	ed to:
The street and mailing address(e:	s) of its principal office is amended to:
(Discont Address)	
(Street Address)	
(Mailing Address, if different)	
(maining) tales over, it is shown in	
6. The name, capacity, and mailing	address of the governor(s) is amended to:
o. The harrie, supulty, and mening	addiess of the governor(s) is amonated to.
(Name)	(Capacity) (Address)
(Name)	(Capacity) (Address)
(Hallio)	(Address)
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Typed Name: Michael Skinner	≥
Type Henry	Tidaho Secretary of State 04/38/2018 05:00 CK:2023 CT:322106 BH:1641178
	IDAHO SECRETARY OF STATE
Signature: LCCC	8 04/30/2018 05:00
	CK: 2023 CT: 322106 BH: 1641178

Vice President Capacity:

Rev. 08/2016

10 30.00 = 30.00 AMD FOR RE #2

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

GRAHAM WEST INSURANCE SERVICES, INC.

FILE NUMBER:

C3012269

FORMATION DATE: TYPE:

08/08/2007

JURISDICTION:

DOMESTIC CORPORATION

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 April 16, 2018.

ALEX PADILLA Secretary of State