

State of Idaho

Office of the Secretary of State

CERTIFICATE OF REGISTRATION

OF

SQUARE MINISTRIES

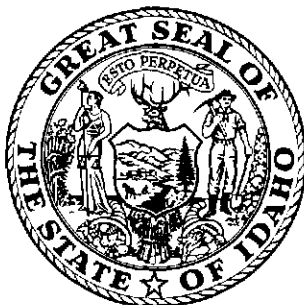
dba SQUARE MINISTRIES INC

File Number C 215219

I, LAWRENCE 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: September 21, 2017



Lawrence Denney
SECRETARY OF STATE

By

Shirley Reed



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

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

Complete and submit the form in duplicate.

2017 SEP 21 AM 9:12

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: Square Ministries
2. The name which it shall use in Idaho is: Square Ministries 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 type="checkbox"/> Business Corporation	<input type="checkbox"/> General Partnership
<input checked="" 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
<input type="checkbox"/> Other: _____ (Use "Other" only if your foreign entity type is <u>not</u> listed above, and enter the type here.)	
4. Jurisdiction of formation: Hawaii
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:
4103 Omao Rd Koloa, Hawaii 96756
(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:
4103 Omao Rd Koloa, Hawaii 96756
(Street Address)

(Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from item 5, is:
PO Box 135 Teton, Idaho 83452
(Address)
8. Name and street address of registered agent in Idaho:
Darcy Lagana 1536 Lagana Trail Teton ID 83452
(Name) (Address)
9. The name, capacity, and mailing address of at least one governor:

<u>Darcy Lagana</u>	<u>President/Chair</u>	<u>PO Box 135 Teton, Idaho 83452</u>
(Name)	(Capacity)	(Address)
_____	_____	_____
(Name)	(Capacity)	(Address)

Typed Name: Darcy Lagana

Signature: Darcy Lagana

Capacity: Chair / President

Secretary of State use only

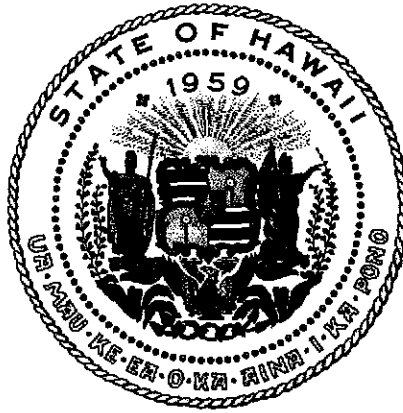
IDAHO SECRETARY OF STATE

09/21/2017 05:00

CK:1009 CT:345980 BH:1604014

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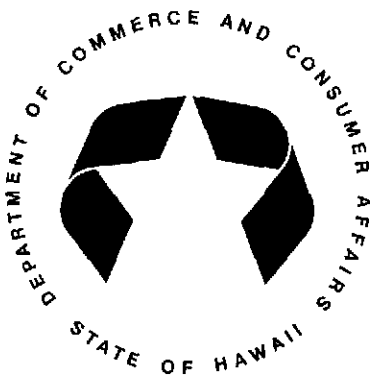
Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs
of the State of Hawaii, do hereby certify that

SQUARE MINISTRIES

was incorporated under the laws of Hawaii on 09/24/2015 ;
that it is an existing nonprofit corporation; and that,
as far as the records of this Department reveal, has complied
with all of the provisions of the Hawaii Nonprofit Corporations
Act, regulating domestic nonprofit corporations.



IN WITNESS WHEREOF, I have hereunto set
my hand and affixed the seal of the
Department of Commerce and Consumer
Affairs, at Honolulu, Hawaii.

Dated: September 18, 2017

Director of Commerce and Consumer Affairs