

State of Idaho

Office of the Secretary of State

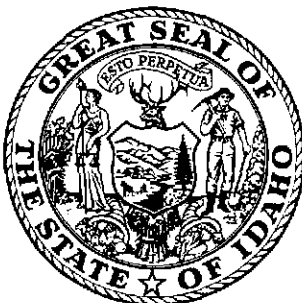
**CERTIFICATE OF REGISTRATION
OF
SPIRE RECOVERY SOLUTIONS LLC**

File Number W 157595

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: October 20, 2015



Lawrence Denney
SECRETARY OF STATE

By *C. Beatty*



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00.

Complete and submit the form in duplicate.

2015 OCT 20 AM 11: 52

SECRETARY OF STATE
STATE OF IDAHO

- The name of the entity is: Spire Recovery Solutions LLC
- The name which it shall use in Idaho is: _____
- Select the type of entity you wish to register:

<input type="checkbox"/> Business Corporation	<input type="checkbox"/> General Partnership
<input 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 checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust
<input type="checkbox"/> Other: _____	
- Jurisdiction of formation: New York
- The address of its principal office is:

<u>330 S Transit St</u>	<u>Lockport</u>	<u>NY</u>	<u>14094</u>
-------------------------	-----------------	-----------	--------------
- The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

<u>330 S Transit St</u>	<u>Lockport</u>	<u>NY</u>	<u>14094</u>
-------------------------	-----------------	-----------	--------------
- The mailing address to which correspondence should be addressed, if different from item 5, is: _____
- Name and street address of registered agent in Idaho:

<u>Corporate Creations Network Inc</u>	<u>950 W Bannock St #1100</u>	<u>Boise</u>	<u>ID</u>	<u>83702</u>
----------------------------------------	-------------------------------	--------------	-----------	--------------
- The name, capacity, and mailing address of at least one governor:

<u>Joseph Torriere</u>	<u>LLC Member</u>	<u>330 S Transit St</u>	<u>Lockport</u>	<u>NY</u>	<u>14094</u>
<u>Jacob Torriere</u>	<u>LLC Member</u>	<u>330 S Transit St</u>	<u>Lockport</u>	<u>NY</u>	<u>14094</u>

Typed Name: Jacob Torriere

Signature: Jacob Torriere

Capacity: LLC Member

Secretary of State use only

IDAHO SECRETARY OF STATE

10/20/2015 05:00

CK:3296900 CT:172099 BH:1497083
1@ 100.00 = 100.00 FOR REG ST #2

W157595

State of New York
Department of State } ss:

I hereby certify, that CORNERSTONE RECOVERY GROUP LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/28/2014, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment CORNERSTONE RECOVERY GROUP LLC, changing its name to SPIRE RECOVERY SOLUTIONS LLC, was filed 03/07/2014.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 23rd day of July two
thousand and fifteen.*



Executive Deputy Secretary of State