

State of Idaho

Office of the Secretary of State

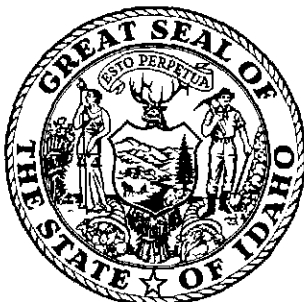
**CERTIFICATE OF REGISTRATION
OF
NUPARTNERS INSURANCE SOLUTIONS INC.**

File Number C 218029

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 25, 2018



Lawrence Denney
SECRETARY OF STATE

By _____

[Signature]



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 25 AM 10:18

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: NuPartners Insurance Solutions Inc.
2. The name which it shall use in Idaho is: _____
(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 checked="" 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 type="checkbox"/> Limited Liability Company	<input type="checkbox"/> 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:
874 Village Oaks Drive, Covina, CA 91724
(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:

(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:
Corporation Service Company 12550 W. Explorer Drive, Suite 100, Boise, ID 83713
(Name) (Address)
9. The name, capacity, and mailing address of at least one governor:

<u>Barry Moses</u>	<u>Secretary</u>	<u>800 Superior Ave E, 21st FL, Cleveland, OH 44114</u>
(Name)	(Capacity)	(Address)
_____ (Name)	_____ (Capacity)	_____ (Address)

Typed Name: Barry Moses

Signature: _____

Capacity: Secretary

Secretary of State use only

IDAHO SECRETARY OF STATE

05/25/2018 05:00

CK:174787 CT:291943 BH:1645716
1@ 100.00 = 100.00 FOR REG ST #2

C 218029

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

NUPARTNERS INSURANCE SOLUTIONS INC.

FILE NUMBER: C0402476
FORMATION DATE: 09/15/1960
TYPE: DOMESTIC CORPORATION
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 14, 2018.

ALEX PADILLA
Secretary of State