







#### STATE OF IDAHO

# Office of the secretary of state, Lawerence Denney FOREIGN REGISTRATION STATEMENT (LIMITED LIABILITY COMPANY)

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301

Filing Fee: \$100.00 - Make Checks Payable to Secretary of State

For Office Use Only

-FILED-

File #: 0003647767

Date

Date Filed: 10/14/2019 7:31:31 AM

Foreign Registration Statement (Limited Liability Company)  Select one: Standard, Expedited or Same Day Service (see descriptions below)		see Standard (filing fee \$100)
The name this limited liability company	will use in Idaho is:	
Type of Limited Liability Company		Foreign Limited Liability Company
Entity name		NCM Insurance Agency, LLC
NCM Insurance Agency, LLC		
Home Jursidiction     The jurisdiction of formation is:		KENTUCKY
The street address of its domestic princ Street Address	cipal office (if required by the law	vs of the jurisdiction of formation) is: 350 CORVETTE DR BOWLING GREEN, KY 42101
The mailing address of its domestic pri Mailing Address	ncipal office (if required by the la	aws of the jurisdiction of formation) is:  None
The complete street address of the principal office is:     Principal Office Address		350 CORVETTE DR BOWLING GREEN, KY 42101
The mailing address of the principal off	ice is:	
Mailing Address		350 CORVETTE DR BOWLING GREEN, KY 42101-9134
Registered Agent Name and Address		
Registered Agent		PARACORP INCORPORATED Commercial Registered Agent
		Physical Address 921 S ORCHARD ST STE G BOISE, ID 83705
		Mailing Address
		921 S ORCHARD ST STE G NINH HO BOISE, ID 83705
Governors		
Name	Title	Address
Adam Boca	Member	350 CORVETTE DR BOWLING GREEN, KY 42101-9134
Stephanie Morrill	Member	350 CORVETTE DR BOWLING GREEN, KY 42101-9134
gnature of individual authorized by the	entity to sign:	

Sign Here

Signer's Title: Member

## Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

#### **Certificate of Existence**

Authentication number: 221399

Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

### NCM INSURANCE AGENCY, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is September 30, 2019 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 14<sup>th</sup> day of October, 2019, in the 228<sup>th</sup> year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

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