

State of Idaho

Office of the Secretary of State

**CERTIFICATE OF REGISTRATION
OF
WILDLIFE MANAGEMENT INSTITUTE, INCORPORATED**

File Number C 210338

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: July 5, 2016



Lawrence Denney
SECRETARY OF STATE

By *Carroll*



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

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

Complete and submit the form in duplicate.

FILED EFFECTIVE

2016 JUL -5 AM 9:57
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: Wildlife Management Institute, Incorporated
2. The name which it shall use in Idaho is: Wildlife Management Institute, Incorporated
(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
- ☐ Other: _____
(Use "Other" only if your foreign entity type is not listed above, and enter the type here.)
4. Jurisdiction of formation: New York
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:

4426 VT Route 215N, Cabot VT 05647
(Street Address)

Same as above
(Mailing Address, if different)
6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

N/A
(Street Address)

(Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from item 5, is:

Same as above
(Address)
8. Name and street address of registered agent in Idaho:

CT Corporation System, 921 S. Orchard St., Suite G, Boise ID 83704
(Name) (Address)
9. The name, capacity, and mailing address of at least one governor:

<u>Scot Williamson</u>	<u>Vice-President</u>	<u>4426 VT Route 215N, Cabot VT 05647</u>
(Name)	(Capacity)	(Address)
_____	_____	_____
(Name)	(Capacity)	(Address)

Typed Name: Scot Williamson

Signature: _____

Capacity: Vice-President

Secretary of State use only

IDAHO SECRETARY OF STATE

07/05/2016 05:00

CK:142309 CT:163852 BH:1536062
1@ 100.00 = 100.00 FOR REG ST #2
1@ 20.00 = 20.00 EXPEDITE C #3

C 210 338

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of WILDLIFE MANAGEMENT INSTITUTE, INCORPORATED was filed on 05/08/1946, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 07th day of June
two thousand and sixteen.*

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State