

State of Idaho

Office of the Secretary of State

CERTIFICATE OF REGISTRATION

OF

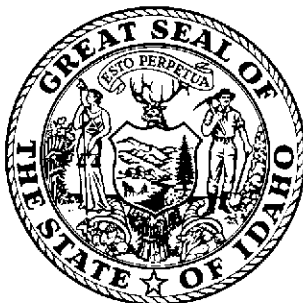
GRAHAM INSURANCE GROUP WEST, INSURANCE AGENCY
dba GRAHAM INSURANCE GROUP WEST, INC.

File Number C 209257

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: March 21, 2016



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.

2016 MAR 21 AM 10:22

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: Graham Insurance Group West, Insurance Agency
2. The name which it shall use in Idaho is: Graham Insurance Group West, 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 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:
11030 Santa Monica Blvd. Los Angeles, CA 90025
(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:
11030 Santa Monica Blvd. Los Angeles, CA 90025
(Street Address)

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

(Address)
8. The name of the registered agent and street address of registered agent in Idaho:
Pacific Registered Agents, Inc. 702 West Idaho Street, Suite 1100, Boise, Idaho 83714
(Name) (Address)
9. The name, capacity, and mailing address of at least one governor:

<u>Michael G. Skinner</u>	<u>VP</u>	<u>11030 Santa Monica Bl. LA CA 90025</u>
(Name)	(Capacity)	(Address)

_____ (Name)	_____ (Capacity)	_____ (Address)
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Signature: _____

Typed Name: Michael G. Skinner

Capacity: VP

Secretary of State use only

IDAHO SECRETARY OF STATE

03/21/2016 05:00

CK:1705 CT:322106 BH:1519802

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State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

GRAHAM INSURANCE GROUP WEST, INSURANCE AGENCY

FILE NUMBER: C3012269
FORMATION DATE: 08/08/2007
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 March 02, 2016.

ALEX PADILLA
Secretary of State