# State of Idaho

### Department of State

AMENDED CERTIFICATE OF AUTHORITY

OF

PLAN MANAGEMENT ADMINISTRATORS, INC.
File Number C 100047

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application of PLAN MANAGEMENT ADMINISTRATORS, INC. for an Amended Certificate of Authority to transact business in this State, duly signed and verified pursuant to the provisions of the Idaho Business Corporation Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Amended Certificate of Authority to THE BARRINGTON GROUP, LTD. to transact business in this State under the name THE BARRINGTON GROUP, LTD. and attach hereto a duplicate original of the Application for such Amended Certificate.

Dated: February 21, 1995

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#### APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY To the Secretary of State of Idaho: Pursuant to Section 30-1-118, Idaho Code, the understighted Corporation hereby applies for an amended certificate of authority to transact business in the State ஷர்மூரில் ஓர்மிரிம் that purpose submits the following statement. A Certificate of Authority was issued to the for both by Work of icas in November 4 19 92 \_\_\_\_, authorizing it to transact business in the State of Idaho under the name of \_\_\_ Plan Management Administrators, Inc. Its corporate name has been changed to The Barrington Group, Ltd. 2. (Note: If the corporation name has not been changed, insert "No change.") The name which it shall use hereafter in the State of Idaho is It desires to pursue in the transaction of business in the State of Idaho purposes other than or in addition to those set forth in its prior application for certificate of authority, as follows: No Change (Note: If no additional changes are proposed, insert "No change.") Dated February 8, 1995 The Barrington Group, Ltd. (Qorporation Name) Its President/Vice President (please specify) its Secretary/Assistant Secretary (please specify) STATE OF Wisconsin Gail A. Hohenstein COUNTY OF Brown \_\_\_\_\_, a notary public, do hereby certify that on Sandra L. Fullerton me Gail A. Hohenstein \_\_\_\_, who being by me first duly sworn, declared that (s)he is the <u>Secretary</u> of The Barrington Group, Ltd. \_\_\_\_\_ of the corporation and that (s)he signed the foregoing documents as Secretary that the statements therein contained are true. **Notary Public** Secretary of State use only IDAHD SECRETARY OF STATE Submit application and filing fee to: 19950221 0900 65572 2 CK #: 64737 CUST# 21069 Office of the Secretary of State CORP Division of Corporations 1 in 30. oo= 30.00 Statehouse, Room 203

Boise, Idaho 83720

## United States of America RECEIVED

State of Wisconsin

SEC. OF STATE

### OFFICE OF THE SECRETARY OF STATE AM 9 13

### To All to Whom These Presents Shall Come, Greeting:

I, DOUGLAS La FOLLETTE, Secretary of State of the State of Wisconsin, do hereby certify that an amendment to the Articles of Incorporation of

PLAN MANAGEMENT ADMINISTRATORS, INC.

was filed with this office on November 28, 1994 (effective date November 23, 1994), changing the name of said corporation to the present name of

THE BARRINGTON GROUP, LTD.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal, at Madison, on

February 7, 1995.

DOUGLAS LA FOLLETTE

Secretary of State