

CERTIFICATE OF AUTHORITY OF

AMOCO INSURANCE SERVICES, INC.

I, PETE T. CENARRUSA, Secretar	ry of State of the State of Idaho, hereby certify tha
duplicate originals of an Application of	
for a Cer	rtificate of Authority to transact business in this State
duly signed and verified pursuant to the pr	rovisions 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	e authority vested in me by law, I issue this Certificate o
Authority to AMOCO INSURANCE	SERVICES, INC.
to transact business in this State under the	name AMOCO INSURANCE SERVICES, INC.
	and attach hereto a duplicate original of the Application
for such Certificate.	
Dated <i>October 28, 1984</i>	
C. C	Pet or Cenarenea

Corporation Clerk

APPLICATION FOR CERTIFICATE OF AUTHORITY

(Profit Corporation)

		aho 110, Idaho Code , the undersigne in your State, and for that purpo		
	-	on is <u>Amoco Insurance Se</u>	_	9 06
2.	The name which it shall us	e in Idaho is <u>Amoco Insu</u>	rance Services, Inc.	STATE P
	-	quired to avoid a conflict with a rion adopting assumed name in Id	·	companied by a
3.	It is incorporated under th	e laws of <u>Nebraska</u>		
4.	The date of its incorporation	on is <u>September 10, 1</u>	984 and the perio	od of its duration
	, Perpetual	·		
5.	The address of its principa	l office in the state or country und	•	orated is
6.	The address to which corr	espondence should be addressed,	if different from that in item 5.	·
	Boise, Idaho 837	oposed registered office in Idaho is 02 t that address isThe Prentic	, and the name	en, Inc.
ð.		which it proposes to pursue in the		
9.	for insurance as a	siness of an insurance a uthorized by insurance c addresses of its directors and off	ompanies.	cations
	Name	Office	Address	
_ <u>J</u>	. W. Bryce	President/Director	446 So. 126 St., Omaha	, NE 68154
Ç	. R. Haskins	Vice-Pres./Director	5624 So. 126 Cir., Oma	<u>ha, NE 6813</u> 7
<u>R</u>	. L. Smart	Secretary/Director	1338 So. 35th Ave., Om	<u>aha, NE 681</u> 05
В	. D. Sharp	Treasurer	3518 4th Ave., Council	Bluffs, IA 51501
				(continued on reverse)

Are without Par Value 1,000 common \$1.00 12. The corporation accepts and shall comply with the provisions of the Constitution and the laws of the St. Idaho. 13. This Application is accompanied by a certificate of Corporate Status or Existence, duly authenticated by proper officer of the state or country under the laws of which it is incorporated. Dated: October 17, 1984 Amoco Insurance Services, Inc. (Corporation Name) By As President Vice and Assistant Executery (please specify) and Its Secretary Assistant Executery (please specify) Its Secretary Assistant Executery (please specify) I, Marcha Pigue I, a notary public, do hereby certify the this 17th day of October J. W. Bryce , who being by me first duly sworn, declared the steel President of Amoco Insurance Services, Inc.	Number of Shares	Class	Par Value Per Share or Statement That Shares Are without Par Value
Number of Shares Class Par Value Per Share or Statement That Shares Are without Par Value 1,000 common \$1.00 12. The corporation accepts and shall comply with the provisions of the Constitution and the laws of the St. Idaho. 13. This Application is accompanied by a certificate of Corporate Status or Existence, duly authenticated by proper officer of the state or country under the laws of which it is incorporated. Dated: October 17, 1984 Amoco Insurance Services, Inc. (Corporation Name) By Almoo Insurance Services of Corporation Name of the St. Secretary (please specify) and and analysis of the Corporation Name of the St. Secretary (please specify) and analysis of the Corporation Name of the St. Secretary (please specify) and analysis of the Corporation Name of the St. Secretary (please specify) and analysis of the Corporation Name of the St. Secretary (please specify) and analysis of the Corporation Name of the St. Secretary (please specify) and analysis of the St. Secretary (please specify) and an	10,000	common	\$1.00
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12. The corporation accepts and shall comply with the provisions of the Constitution and the laws of the Staldaho. 13. This Application is accompanied by a certificate of Corporate Status or Existence, duly authenticated by proper officer of the state or country under the laws of which it is incorporated. Dated: October 17, 1984 Amoco Insurance Services, Inc. (Corporation Name) By Ris President/Vice and Manual (please specify) and Its Secretary/Assistant Secretary (please specify) STATE OF Nebraska) ss: COUNTY OF Douglas) I, Marcha Pigue , a notary public, do hereby certify the this 17th day of October , 19 84, personally appeared by me J. W. Bryce , who being by me first duly sworn, declared the stee President of Amoco Insurance Services, Inc.	Number of Shares	Class	Par Value Per Share or Statement That Shares Are without Par Value
Amoco Insurance Services, Inc. Amoco Insurance Services Inc.	1,000	common	\$1.00
Amoco Insurance Services, Inc. (Corporation Name) His President/Vice Insurance Services, Inc. (Corporation Name) His President/Vice Insurance Services, Inc. (Corporation Name) Its Secretary/Assistant Secretary (please specify) and Its Secretary/Assistant Secretary (please specify) STATE OF Nebraska) ss: COUNTY OF Douglas) I, Marcha Pigue , a notary public, do hereby certify the position of the corporation and the signed the foregoing document as President of the corporation and the state of the corporation and the state of the corporation and the signed the foregoing document as President of the corporation and the	Idaho. 13. This Application is accomp	anied by a certificate of (Corporate Status or Existence, duly authenticated by the
Rs President/ Vice - National (please specify) and	O-t-b-m 17 109/		or which it is incorporated.
By	O-t-b-m 17 109/		
Its Secretary Assistant Secretary (please specify, STATE OF Nebraska) STATE OF Douglas) I, Marcha Pigue , a notary public, do hereby certify the this 17th day of October , 19 84 , personally appeared by me J. W. Bryce , who being by me first duly sworn, declared the six the President of Amoco Insurance Services, Inc.	O-t-b-m 17 109/		Insurance Services, Inc.
STATE OF Nebraska)) ss: COUNTY OF Douglas) ss: I, Marcha Pigue , a notary public, do hereby certify the this 17th day of October , 19 84 , personally appeared be me J. W. Bryce , who being by me first duly sworn, declared the is the President of Amoco Insurance Services, Inc.		Amoco	Insurance Services, Inc. (Corporation Name)
this	O-t-b-m 17 109/	Amoco By	Insurance Services, Inc. (Corporation Name) Its President/Vice-Insident (please specify)
me J. W. Bryce , who being by me first duly sworn, declared the resident of Amoco Insurance Services, Inc. that he signed the foregoing document as President of the corporation and that	Dated: October 17, 1984 STATE OF Nebraska		Insurance Services, Inc. (Corporation Name)
that he signed the foregoing document as President of the corporation and that	Dated: October 17, 1984 STATE OF <u>Nebraska</u> COUNTY OF <u>Douglas</u>	Amoco By	Insurance Services, Inc. (Corporation Name) Its President/Vice-Insident (please specify) Its Secretary/ Assistant Secretary (please specify)
that he signed the foregoing document as <u>President</u> of the corporation and tha	STATE OF <u>Nebraska</u> COUNTY OF <u>Douglas</u> I, <u>Marcha Pigue</u>		Insurance Services, Inc. (Corporation Name) Its President/Vice TestBent (please specify) Its Secretary/ Assistant Secretary (please specify) , a notary public, do hereby certify that on
	Dated: October 17, 1984 STATE OF Nebraska COUNTY OF Douglas I, Marcha Pigue this 17th	Amoco By and)) ss:) day of October	Insurance Services, Inc. (Corporation Name) Its President/Vice - Sident (please specify) Its Secretary/ Assistant Secretary (please specify)
GENERAL NOTARY-State of Nebraska Marcha Faye PIGUE	STATE OF Nebraska COUNTY OF Douglas I, Marcha Pigue this 17th me J. W. Bryce	Amoco By and)) ss:) day of October	Insurance Services, Inc. (Corporation Name) Its President/Vice resident (please specify) Its Secretary/ Assistant Secretary (please specify)

STATE OF



NEBRASKA

Bepartment of State

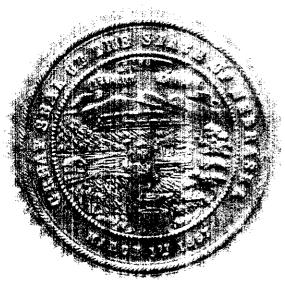
I, Allen I. Beermann, Secretary of State of the State of Nebraska do hereby certify that

AMOCO INSURANCE SERVICES, INC.

with registered office located in Omaha, Nebraska, filed Articles of Incorporation in this office on September 10, 1984.

I further certify that said corporation is in good standing as of this date.

In Testimony Whereof,



I have hereunto set my hand and affixed the Great Seal of the State of Nebraska.

Bone at Lincoln this

Eleventh	_
day of <u>October</u> in the year of our Lord, one thou-	 •••
sand nine hundred and eighty-fou	
0000 A Q.	`

Collen J. Belsmann
SECRETARY OF STATE

Raph Englest

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