

# State of Idaho

Office of the Secretary of State

## CERTIFICATE OF AUTHORITY

OF

### NEW TEACHER CENTER

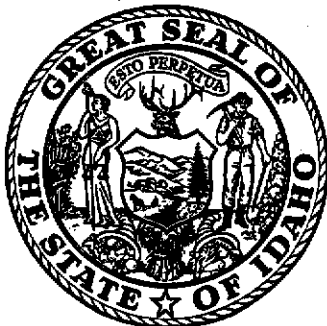
dba NEW TEACHER CENTER, INC.

File Number C 183516

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Non-Profit Corporation Act, 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 Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: June 16, 2009



*Ben Ysursa*

SECRETARY OF STATE

By

*Sheryl Dabner*



# APPLICATION FOR CERTIFICATE OF AUTHORITY (Nonprofit)

(Instructions on back of application)

The undersigned Corporation applies for a Certificate of  
Authority and states as follows:

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SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the corporation is: New Teacher Center
2. The name which it shall use in Idaho is: New Teacher Center, Inc.
3. It is incorporated under the laws of: California
4. Its date of incorporation is: 3/18/08 and its duration, if other than perpetual, is: \_\_\_\_\_
5. The street address of its principal office is:  
725 Front Street, Suite 400 Santa Cruz, CA 95060
6. The address to which correspondence should be addressed, if different than item 5, is:  
\_\_\_\_\_
7. The street address of its registered office in Idaho is:  
1423 Tyrell Lane Boise, ID 83706  
and its registered agent in Idaho at that address is: National Registered Agents, Inc.
8. Does the corporation have members? ☒ Yes ☐ No
9. The names and respective addresses of its directors and officers are:

Name	Office	Address
<u>Scott Ellis</u>	<u>COO, Secretary</u>	<u>725 Front Street, Ste 400, Santa Cruz, CA 95060</u>
<u>Ellen Moir</u>	<u>Exec. Dir, President</u>	<u>725 Front Street, Ste 400, Santa Cruz, CA 95060</u>
<u>Garfield Byrd</u>	<u>CFO, Treasurer</u>	<u>725 Front Street, Ste 400, Santa Cruz, CA 95060</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dated: 6/9/2009  
Signature: [Signature]  
Typed Name: Garfield Byrd  
Capacity: CA

Secretary of State use only

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Revised 04/2004

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C183516

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

**NEW TEACHER CENTER**

**FILE NUMBER:** C3092337  
**FORMATION DATE:** 03/18/2008  
**TYPE:** DOMESTIC NONPROFIT CORPORATION  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, 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 May 01, 2009.

*Debra Bowen*

**DEBRA BOWEN**  
**Secretary of State**