



0005993434

**STATE OF IDAHO***Office of the secretary of state, Phil McGrane***FOREIGN REGISTRATION STATEMENT (BUSINESS CORPORATION)**

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 334-2301

Filing Fee: \$100.00

*For Office Use Only***-FILED-**

File #: 0005993434

Date Filed: 12/17/2024 7:29:28 AM

## Filing Fee

Selected Service Type: Standard (filing fee \$100)

## 1. The name this business corporation will use in Idaho is:

Type of Corporation

Foreign Business Corporation

Entity name

Concept Claims Management, Inc.

The name of the business corporation in its home jurisdiction as shown on the attached certificate of existence/good standing:  
Concept Claims Management, Inc.Upload or Mail a one page PDF of a Certificate of  
Existence/Good Standing from the home jurisdiction dated  
within 90 days of today.

## 2. Home Jurisdiction

The jurisdiction of formation is:

NEW YORK

## 3. The street address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

Street Address

50 ROCKEFELLER PLAZA, 15TH FLOOR  
NEW YORK, NY 10020

## 4. The mailing address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

Mailing Address

50 ROCKEFELLER PLAZA, 15TH FLOOR  
NEW YORK, NY 10020

## 5. The complete street address of the principal office is:

Principal Office Address

50 ROCKEFELLER PLAZA, 15TH FLOOR  
NEW YORK, NY 10020

## 6. The mailing address of the principal office is:

Mailing Address

50 ROCKEFELLER PLZ  
FL 15  
NEW YORK, NY 10020-1622

## 7. Registered Agent Name and Address

Registered Agent

PARACORP INCORPORATED  
Commercial Registered Agent

Physical Address

1555 W SHORELINE DR  
STE 100  
BOISE, ID 83702

Mailing Address

1555 W SHORELINE DR  
STE 100  
BOISE, ID 83702☒ I affirm that the registered agent appointed has consented to serve as registered agent for this entity.

## 8. Governors

Name	Title	Address
Jeffrey Silver	Secretary	50 ROCKEFELLER PLAZA, 15TH FLOOR NEW YORK, NY 10020



Signature of individual authorized by the entity to sign:

*Jeffrey Silver*

Sign Here

*12/17/2024*

Date

Job Title: Secretary

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## STATE OF NEW YORK

## DEPARTMENT OF STATE

## Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

**Entity Name:** CONCEPT CLAIMS MANAGEMENT, INC.  
**DOS ID Number:** 7205896  
**Entity Type:** DOMESTIC BUSINESS CORPORATION  
**Entity Status:** EXISTING  
**Date of Initial Filing with DOS:** 12/15/2023  
  
**Statement Status:** CURRENT  
**Statement Due Date:** 12/31/2025

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,  
at the City of Albany, on September 05, 2024 at 03:55 P.M.

WALTER T. MOSLEY  
Secretary of State

BRENDAN C. HUGHES  
Executive Deputy Secretary of State

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