## State of Idaho

Office of the Secretary of State

### CERTIFICATE OF REGISTRATION OF

ROMAN INSURANCE GROUP, LLC

File Number W 159410

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: December 7, 2015

SECRETARY OF STATE

### FUKEIGN KEGISTKATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00.

Complete and submit the form in duplicate.

2015 DEC -7 AM 10: 02

SECRETARY OF STATE STATE OF IDAHO

1.	The name of the entity is: Roman Insurance Group, LLC					
2.	The name which it shall use in Idaho is:					
3.	Select the type of entity you wish to register:  (Enter a name here, only if you are required to adopt an alternate name)					
	☐ Business Corporation ☐ Nonprofit Corporation ☐ Limited Liability Partnership ☑ Limited Liability Company	☐ General Partnership ☐ General Cooperative Association ☐ Limited Partnership (Including a limited liability limited partnership ☐ Statutory Trust, Business Trust, or Common-law Business Trust				
	Other:					
4.	(Provide unlisted foreign entity type here) urisdiction of formation:  (Provide the domestic jurisdiction where the entity was formed)					
<b>5</b> .	The address of its principal office is: 328 N Sullivan Rd, Ste 6	(PTOVICE THE COMICSTIC JURISCICTIC		ne Valley	WA	99037
	(Street Address) PO Box 922		(City) Athol		(State) <b>ID</b>	(Zipcode) 83801
	(Mailing Address, if different)		(City)		(State)	(Zipcode)
6.	The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:					
	(Street Address)		(City)		(State)	(Zipcode)
	(Mailing Address, if different)		(City)		(State)	(Zipcode)
7.	The address to which correspondence should be addressed, if different from item 5, is:					
	(Address)		(Сйу)		(State)	(Zipcode)
8.	Name and street address of registered Dept of Ins Drctr Dean L. Camer	<del>-</del>		Boise	ΙD	83702
	(Name)	(Addresy)		(City)	(State)	(Zipcode)
9.	The name, capacity, and mailing address of at least one governor:					
	Jamison Hook Member	PO Box 922		Athol	ID 8	33801
	(Name and capacity)	(Address)		(City)	(State)	(Zipcode)
	Jordan Redman Member	PO Box 922		Athol	ID 838	801
	(Name and capacity)	(Address)	<del></del>	(City)	(State)	(Zipcode)
	(Name and capacity)	(Address)		(City)	(State)	(Zipcode)
	Typed Name: Jordan Redman		IDAHO SECRETARY OF STATE  12/08/2015 05:00  CK:1065 CT:317657 BH:1503391  18 100.00 = 100.00 FOR REG ST #2			00 1503391
	Signature:		cretary			
	Capacity: Member		Š	W159	410	



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

# CERTIFICATE OF EXISTENCE/AUTHORIZATION OF ROMAN INSURANCE GROUP, LLC

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 6/25/2015.

I FURTHER CERTIFY that as of the date of this certificate, ROMAN INSURANCE GROUP,

LLC remains active and has complied with the filing requirements of this office.

Date: November 17, 2015

UBI: 603-519-152

STATE OF WASHINGTON 1889 NOW 1

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State