State of Idaho

Office of the Secretary of State

CERTIFICATE OF REGISTRATION

OF

WHOLESALE CONNECTION INSURANCE SERVICES, LLC

File Number W 164341

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: March 28, 2016

GREAT SEAL OF THE STATE OF IDAHO

SECRETARY OF STATE

By

202

FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: $100 typed, $120 not typed

Complete and submit the form in duplicate.

2016 MAR 28 AM 9:20

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: Wholesale Connection Insurance Services, LLC

2. The name which it shall use in Idaho is: _____
(Enter a name here, only if you are required to adopt an alternate name)

3. Select the type of entity you wish to register:

- ☐ 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: _____
(Use "Other" only if your foreign entity type is not listed above, and enter the type here.)

4. Jurisdiction of formation: CA
(Provide the domestic jurisdiction where the entity was formed)

5. The address of its principal office is:
21800 Burbank Blvd. #202 Woodland Hills, CA 91367
(Street Address)
_____
(Mailing Address, if different)

6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:
21800 Burbank Blvd, #202 Woodland Hills, CA 91367
(Street Address)
_____
(Mailing Address, if different)

7. The mailing address to which correspondence should be addressed, if different from item 5, is:
same as #5
(Address)

8. The name of the registered agent and street address of registered agent in Idaho:
Paracorp Incorporated 921 S Orchard Street #G Boise, ID 83705
(Name) (Address)

9. The name, capacity, and mailing address of at least one governor:

(Name)	(Capacity)	(Address)
Warren Stanley	Member/President	1860 Mesa Ridge Ave Westlake Village, CA 91362

Signature: _____

Typed Name: Warren S Stanley

Capacity: President, Member

Rev. 11/2015

Secretary of State use only

IDAHO SECRETARY OF STATE
03/28/2016 05:00
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W164341

State of California
Secretary of State

CERTIFICATE OF STATUS

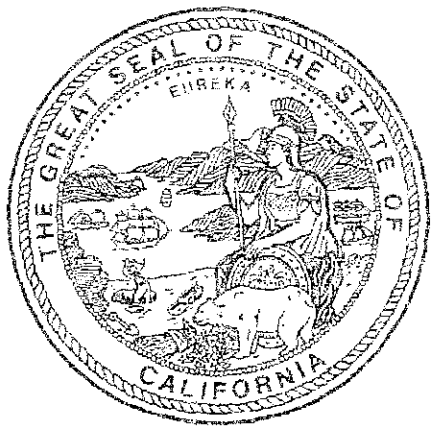
ENTITY NAME: WHOLESALE CONNECTION INSURANCE SERVICES, LLC

FILE NUMBER:	199800810097
FORMATION DATE:	01/08/1998
TYPE:	DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION:	CALIFORNIA
STATUS:	ACTIVE (GOOD STANDING)

I, ALEX PADILLA, 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 March 22, 2016.

ALEX PADILLA
Secretary of State

PAM