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CERTIFICATE OF APPOINTMENT
OF REGISTERED AGENT

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KNOW ALL MEN BY THESE PRESENTS:

That Robertson-Obenchain, Inc., dba Obenchain Insurance
STATE IF (Name of Corporation)

an Idaho corporation, pursuant to section 30-1-12, **Idaho Code**, and by authority of its Board of Directors, does

hereby appoint Dan J. Obenchain
(Name of Registered Agent)

of P. O. Box 269 Twin Falls, Idaho as its
(street address) (city)

Registered Agent in the State of Idaho, upon whom process issued by authority of or under any law of the State of Idaho may be served.

IN WITNESS WHEREOF the corporation has caused this certificate to be executed and verified by its
President (or Vice-President) on this 26th day of February, 19 80.

Robertson-Obenchain, Inc.
(Name of Corporation)
By [Signature]
(President or Vice-President)
President
(Title)

STATE OF Idaho)
County of Twin Falls) ss.

Subscribed and sworn to before me this 26th day of February, 19 80.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal.

[Signature]
(Title)