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FOREIGN PROFIT/NONPROFIT CORPORATION

Capital Premium Financing, Inc.

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. CAPITAL PREMIUM FINANCING, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. IDAHO 3. 82-0423224
 (State or country under the law of which it is incorporated) (FBI number, if applicable)
4. AUGUST 5, 1988 5. PERPETUAL
 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A
 (Date first transacted business in Florida, if prior to registration)
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 12235 SOUTH 800 EAST, DRAPER, UT 84020
 (Principal office address)

 (Current mailing address)

8. INSURANCE PREMIUM FINANCING
 (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
 (City) (Zip code)

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10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: *[Signature]*
 (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: MARK HEUGLY
Address: 1549 EAST RIVER OAKS DRIVE
SANDY, UT 84093

Vice Chairman: _____
Address: _____

Director: DAVID F. GABRIELSEN
Address: 679 E. DRAPER HEIGHTS WAY
DRAPER, UT 84020

Director: SCOTT CROWLEY
Address: 4270 NORTH SCENIC DRIVE
PROVO, UT 84604

B. OFFICERS

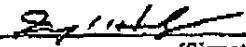
President: DAVID F. GABRIELSEN, CEO
Address: 679 E. DRAPER HEIGHTS WAY
DRAPER, UT 84020

Vice President: SCOTT CROWLEY, CFO
Address: 4270 NORTH SCENIC DRIVE
PROVO, UT 84604

Secretary: LORIANN GABRIELSEN
Address: 679 E. DRAPER HEIGHTS WAY, DRAPER, UT 84020

Treasurer: JOSEF HEUGLY, COO (not treasurer)
Address: 1987 E. SUMMERBORNE CIRCLE, SANDY, UT 84093

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. JOSEF HEUGLY, COO
(Typed or printed name and capacity of person signing application)

State of Idaho

Office of the Secretary of State

CERTIFICATE OF EXISTENCE

OF

CAPITAL PREMIUM FINANCING, INC.

File Number C-87265

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TALLAHASSEE, FLORIDA

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the corporation records of this State.

I FURTHER CERTIFY That the records of this office show that the above-named corporation was incorporated under the laws of Idaho on 8/05/1988.

I FURTHER CERTIFY That the corporation is in goodstanding on the records of this office.

Dated: 2/28/2008 2:04 PM



Ben Ysursa
SECRETARY OF STATE

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