## **Secretary of State** Statement and Designation by **Foreign Corporation**

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Must be submitted with a current Certificate of Good Standing issued by the government agency where the corporation was formed.

Filing Fee - \$100.00 (for a foreign stock corporation) or \$30.00 (for a foreign nonprofit corporation)

Certified Copy Fee (Optional) - \$5.00

Note: Corporations may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to https://www.ftb.ca.gov/.

S&DC-S/N

For Office Use Only -FILED-

File No.: 6355337 Date Filed: 8/20/2024

| This | Space | For | Office | Use | Only |
|------|-------|-----|--------|-----|------|

| Corporate Name (Go to www.sos.ca.gov/business/be/name-reservations for general corporate name requirements and restrictions.)  |                         |                         | Jurisdiction (State, foreign country or pla<br>where this corporation is formed - must mat<br>the Certificate of Good Standing provided.) |           |               |           |  |  |
|--|-------------------------|-------------------------|---|-----------|---------------|-----------|--|--|
| PROVINCE MANAGEMENT GROUP, INC   |                         |                         | IDAHO   |           |               |           |  |  |
| 3. Business Addresses (Enter the complete business addresses, Ite  | ems 3a and 3b cann      | ot b                    | e a P.O. Box or "in   | care of a | ın individual | or entity |  |  |
| a. Initial Street Address of Principal Executive Office - Do not enter a P.O. Box  | City (no abbreviati     | City (no abbreviations) |   | State     | Zip Code      |           |  |  |
| 600 N. CURTIS RD. STE 201  | BOISE                   |                         | SE.   | ID        | 83            | 706       |  |  |
| b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box  | City (no abbreviations) |                         |   | State     | Zip Code      |           |  |  |
|  |                         |                         |   | CA        |               |           |  |  |
| b. Mailing Address of Principal Executive Office, if different than item 3a  | City (no abbreviations) |                         |   | State     | Zip Code      |           |  |  |
| 600 N. CURTIS RD. STE 101  |                         | BOISE                   |   | CA        | 83706         |           |  |  |
| <ol> <li>Service of Process (Must provide either Individual OR Corporation.         INDIVIDUAL – Complete Items 4a and 4b only. Must include agent's full     </li> <li>California Agent's First Name (if agent is not a corporation)</li> </ol> |                         | a str                   | eet address.  Last Name   |           |               | Suffix    |  |  |
| o. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b>  | City (no abbreviation   | ons)                    |   | State     | Zip Code      |           |  |  |
|  |                         |                         |   | CA        |               |           |  |  |
| CORPORATION - Complete Item 4c. Only include the name of the regis   | tered agent Corpora     | atior                   | 1.  |           |               |           |  |  |
| c. California Registered Corporate Agent's Name (if agent is a corporation) - Do no  | t complete Item 4a o    | r 4b                    |   |           |               |           |  |  |
| Cogency GI   | lobal Inc.              |                         |   |           |               |           |  |  |
| 5. Read and Sign Below Offige or title not required.)  |                         | •                       |   |           |               |           |  |  |
| am a corporate officer and am authorized to sign on behalf of  | the foreign corp        | oora                    | ation.  |           |               |           |  |  |
|  | Stephen Cilley          |                         |   |           |               |           |  |  |
| Signature  | Type or Print Name      |                         |   |           |               |           |  |  |
| 1 / 1  | • •                     |                         |   |           |               |           |  |  |



## STATE OF IDAHO

Phil McGrane | Secretary of State **Business Office** 450 North 4th Street PO Box 83720 Boise, ID 83720

August 20, 2024

Request Type: Certificate of Existence/Filing

Request #:

0005866298

Receipt #:

001026582

Regarding:

Province Management Group, Inc.

Filing Type:

General Business Corporation (D)

Formation/Qualification Date: 11/18/2022

Status:

Active-Good Standing

**Duration Term:** 

Perpetual

Issuance Date: 08/20/2024 Copies Requested:

File#:

4996995

Formation Locale: IDAHO

Inactive Date:

## Certificate of Existence

I, Phil McGrane, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

## Province Management Group, Inc.

is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above.



Phil McGrane

**Idaho Secretary of State** 

Processed By: Business Division

Verification #: 030255521

Phone: 208-334-2301 \* Email: business@sos.idaho.gov \* Website: sosbiz.idaho.gov