Filing and License Fee: \$310.00 minimum

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Form No. 150 Revised: 12/05

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

RECEIVED
SECRETARY OF STATE
CORFORATIONS DIV

APPLICATION FOR CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement: ity Activation Headquarters. Inc 1. The name of the corporation is 2. It is incorporated under the laws of 3. The name, if different, which it elects to use in Rhode Island is: (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application. and the period of its duration is 4. The date of its incorporation is 5. The address of its principal office in the state or country under the laws of which it is incorporated is 6. The address of its proposed registered office in Rhode Island is 222and the name of its proposed registered agent in Rhode Island at 7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: Of SPRVICE cantracts 8. (a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated). 9229 Caddyshack Circle, St. Louis, N Director Director Director Director

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(officers (mandatory if dife	ectors are not required under the laws of the
	S	tate or country	y of which it is in			<u>Address</u>
	Vic Tre	esident e President easurer	Ryan Sho Chris Sv	Name Nolmaker Nolmaker Nolmaker	9229 Caddysha	ack Circle, St. Louis, MO 63127 ICL Circle, St. Louis, MD 63127
		cretary				
€.	The and	aggregate nur series, if any,	mber of shares within a class, is	which it has authority to	issue, itemized by classes	, par value of shares, shares without par value,
		<u>Number of</u> 30,000		<u>Class</u> <u>COVYIMION</u>	<u>Series</u>	Par Value or Statement that Shares are without Par Value \$\int \(\lambda \lambda \right) \)
10.	(a)	An estimate \$ <u>/ 00, 0</u>	of the value on 00	of all property to be o	wned by the corporation	for the following year, wherever located, is
		\$ <u>0</u>		•		n Rhode Island during the following year is
		located within following year	n this state durir ir, wherever loc	ated, is	%. [divide (b) by (a) and	I value of the property of the corporation to be erty of the corporation to be owned during the I multiply by 100 to obtain the percentage].
11.		\$ <i>13.00</i>	0. <i>0</i> 00	•		corporation during the following year is
		Island during	the following y	earis \$L	 ·	pration at or from places of business in Rhode
		corporation a be transacted the percentage	at or from place ed by the corpor age].	ation during the followin	g year is%	amount of business to be transacted by the repeats to the gross amount thereof which will [divide (b) by (a) and multiply by 100 to obtain
	of	which it is inco	orporated. #4	TALMED		apper officer of the state or country under the laws
13	. Thi	s Application t an the 90 th day	for Certificate o after the date	f Authority shall be effect of this filing	ctive upon filing unless a sp	pecified date is provided which shall be no later
D	eate:	_'lau	<u> </u>		examined this Applicant are contained herein are Signature or	perjury, I declare and affirm that I have cation for Certificate of Authority, including attachments, and that all statements true and correct. If Authorized Officer of the Corporation



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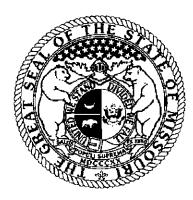
CERTIFICATE OF CORPORATE RECORDS

WARRANTY ACTIVATION HEADQUARTERS, INC.

I, ROBIN CARNAHAN, Secretary of the State of the State of Missouri and Keeper of the Great Seal thereof, do hereby certify that the annexed pages contain a full, true and complete copy of the original documents on file and of record in this office for which certification has been requested.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 28th day of December, 2010

Secretary of State



Certification Number: 13424684-1 Reference:

Verify this certificate online at https://www.sos.mo.gov/businessentity/soskb/verify.asp



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

