## Office of the Minnesota Secretary of State Certificate of Authority

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The following business entity has duly complied with the relevant provisions of Minnesota Statutes listed below, and is formed or authorized to do business in Minnesota on and after this date with all the powers, rights and privileges, and subject to the limitations, duties and restrictions, set forth in that chapter.

The business entity is now legally registered under the laws of Minnesota.

Name in Minnesota: Fire Protection Service Corporation

Name in Home Jurisdiction: Fire Protection Service Corporation

File Number: 666868700108

Minnesota Statutes, Chapter: 303

Home Jurisdiction: Utah

This certificate has been issued on: 7 04/11/2013

THE STATE OF THE S

Mark Ritchie

Mark Ritchie

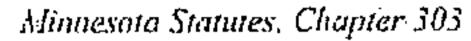
Secretary of State State of Minnesota

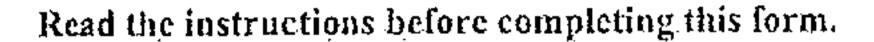


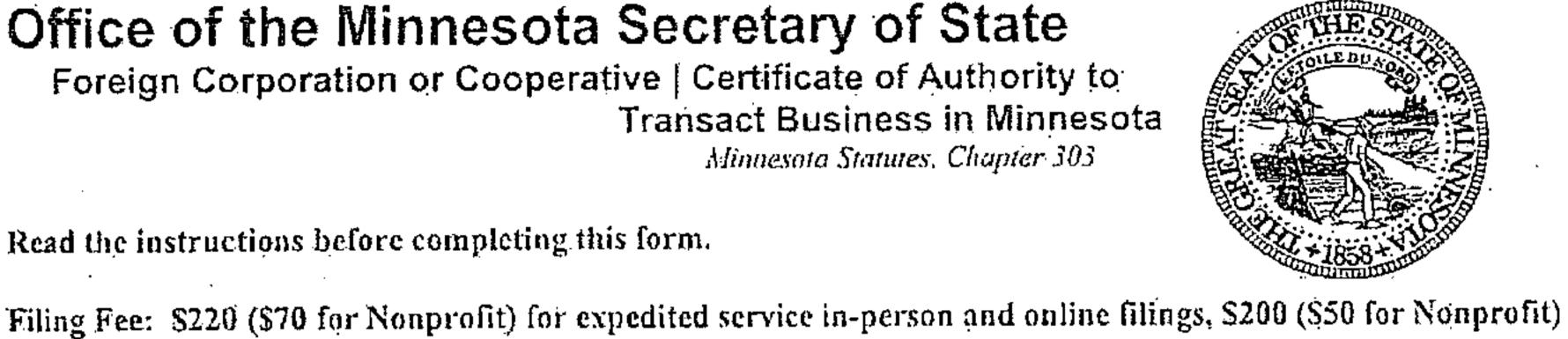
## FC-Original

## Office of the Minnesota Secretary of State

Foreign Corporation or Cooperative | Certificate of Authority to Transact Business in Minnesota







if submitted by mail. This Certificate of Authority has been approved pursuant to Minnesota Statutes, Chapter 303. By filing this Certificate of Authority, the company certifies that it has complied with the organization laws in the jurisdiction of its organization and that it has not filed previously with this office and been revoked and understands that if a filing was on record and revocation occurred this certificate of authority is null and void.

2. The alternate name under which the cabove:	company will do bus	iness in Minnesota, if dif	fferent than the J	egal name listed
If an alternate name is used, the compalternate name for use in Minnesota.	any certifies that it	s board of directors has	s adopted and a	pproved the
3. Home Jurisdiction: (Required)	Utah	<u></u>		
4. The name and address of the register	red agent and registe	red office in the State of	Minnesota: (Re	quired)
Corporation Service Company				
Full Name of Registered Agent				
380 Jackson Street, Suite 700		St. Paul	MN	55101 
Street Address (A PO Box by itself is not acceptable)		City	State	Zip
5. By registering, the company irrevo		ervice of process on it a	s provided by A	Iinnesota Statut
5. By registering, the company irrevolution of the Chapter 303.13 and 5.25.  6. This company is a: (check one)	Cably consents to so	ervice of process on it a	s provided by A	Iinnesota Statut
5. By registering, the company irrevolution that the State of the Chapter 303.13 and 5.25.	Cably consents to so		s provided by A	Iinnesota Statut
5. By registering, the company irrevolution Chapter 303.13 and 5.25.  6. This company is a: (check one)  7. Check this box if this company is a (secondary of the company is a secondary of the company of the company of the conference of the conference of the compliance with the applicant subject to the penalties of perjury is a compliance with the applicant subject to the penalties of perjury is a compliance with the applicant subject to the penalties of perjury is a compliance with the applicant subject to the penalties of perjury is a compliance with the applicant subject to the penalties of perjury is a compliance with the applicant subject to the penalties of perjury is a compliance with the applicant complex	Nonprofit Entity  Cooperative:   igning this document uired who has author completed all require icable chapter of Minus set forth in Section	Expression whose signized me to sign this doce of fields, and that the information of the solution of the solution of the solution of the solution of the signer of the si	mature is require ument on his/her ormation in this o estand that by sign	ed, or as agent of behalf, or in bot locument is true under oath.
5. By registering, the company irrevolution of the Chapter 303.13 and 5.25.  6. This company is a: (check one)  7. Check this box if this company is a Company whose signature would be required and in compliance with the applicant subject to the penalties of perjury and the company of	Nonprofit Entity  Cooperative:   igning this document who has author completed all require icable chapter of Minus set forth in Section dney Garner President	E For-Profit Entity  t as the person whose signized me to sign this doce  d fields, and that the information Statutes. I under  1 609.48 as if I had signed	mature is require ument on his/her ormation in this o estand that by sign	ed, or as agent of behalf, or in bot locument is true under oath.
5. By registering, the company irrevolution of the Chapter 303.13 and 5.25.  6. This company is a: (check one)  7. Check this box if this company is a (check this box if this company is a (check one) are person(s) whose signature would be required and in compliance with the applicant subject to the penalties of perjury and the subject to the penalties of penal	Nonprofit Entity  Cooperative:   igning this document who has author completed all require icable chapter of Minus set forth in Section dney Garner President	E For-Profit Entity  t as the person whose signized me to sign this doce  d fields, and that the information Statutes. I under  1 609.48 as if I had signed	mature is require ument on his/her ormation in this o estand that by sign	ed, or as agent of behalf, or in bot locument is true ining this document
5. By registering, the company irrevolution of the Chapter 303.13 and 5.25.  6. This company is a: (check one) [  7. Check this box if this company is a Company in the company is a Company in the company in th	Nonprofit Entity  Cooperative:  Igning this document uired who has authorized all require icable chapter of Minus set forth in Section dney Garner President Sec'y, Asst. Sec'y or	Existe person whose signized me to sign this doce of fields, and that the information of the fields as if I had signed the the information of the the information of the the information of the	anature is require ument on his/her or this countries document of the Date	ed, or as agent of behalf, or in bot locument is true ming this document under oath.

## Office of the Minnesota Secretary of State

Foreign Corporation or Cooperative | Certificate of Authority to Transact Business In Minnesota Minnesota Statutes, Chapter 303



List a name and daytime phone number of a person who can be contacted about this form:

Rodney Gamer

801-935-8700

Contact Name

Phone Number

Entities that own, lease, or have any financial interest in agricultural land or land capable of being farmed must register with the MN Dept. of Agriculture's Corporate Farm Program.

DEPARTMENT OF STATE

FILED

APR 1 1 2013

Works Ratchill Secretary of State