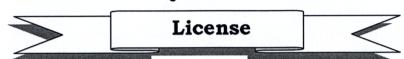
THIS LICENSE MUST BE CONSPICUOUSLY DISPLAYED IN PLACE OF BUSINESS

State of Arkansas

Number

CMPY.0002019



Date of Expiration

03/30/2024

This is to certify that

Beacon Investigative Solutions

is duly licensed to transact business in the State of Arkansas as a

Class A License: Investigations Company - More than one investigator

This license is renewable as provided in A.C.A. 17-40-101 Et. Seq.



Arkansas State Police

Sgt. Dustin J. Morgan

Sergeant Dustin Morgan Administrator

NON TRANSFERABLE



OP ID: MN

DATE (MM/DD/YYYY) 03/26/2023

CERTIFICATE OF LIABILITY INSURANCE

ACORD

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	f SUBROGATION IS WAIVED, subject his certificate does not confer rights to							require an endorsement	t. As	tatement on	
	DDUCER)-471-7116	CONTACT Michelle A Nowell							
AMIS/Alliance Mktg. & Ins Serv					PHONE (A/C, No, Ext): 760-471-7116 FAX (A/C, No): 760-471-9378						
CA Surplus Line Lic # 0K21904 355 Via Vera Cruz #7 San Marcos, CA 92078 Michelle A. Nowell						E-MAIL mnowell@amiscorp.com					
						INSURER A : Peleus Insurance Company					
INICI	UPED	INSURER B:					34118				
INSURED Beacon International Group Inc dba: Beacon Investigative Solutions, Qualifying Agent											
						ER C :					
Michael V Orchard 4200 Regent Street #200					INSURE						
Columbus, OH 43219						RE:				+	
	OVERAGES CER	TIFI	`	NUMBER:	INSURE	:K F :		REVISION NUMBER:			
T IN C	THIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RESERTIFICATE MAY BE ISSUED OR MAY FEXCLUSIONS AND CONDITIONS OF SUCH F	OF I	NSUI REME AIN,	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIE	THE INSURE OR OTHER I S DESCRIBEI	ED NAMED ABOVE FOR TO DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	WHICH THIS	
NSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY					,	,,	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			PKV0000314		03/25/2023	03/25/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
	χ Errors & Omission							MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	5,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	1,000,000	
	OTHER:								\$		
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO			PKV0000314		03/25/2023	03/25/2024	BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
								E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
AK	ECRIPTION OF OPERATIONS / LOCATIONS / VEHICL License #: 947084 estigation	ES (A	ACORI	0 101, Additional Remarks Schedu	ile, may b	e attached if mou	e space is requin	ed)			
CF	RTIFICATE HOLDER	CANCELLATION									
AKLIC-1 Alaska Dept of Commerce Division of Corporations Business & Profess Licensing PO Box 110806 Juneau, AK 99811-0806											
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE					

Juneau, AK 99811-0806

STATE OF ARKANSAS



Charlie Daniels

SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greetings:

I, Charlie Daniels, Secretary of State of Arkansas, do hereby certify that the following and hereto attached instrument of writing is a true and perfect copy of

Application for Certificate of Authority

of

BEACON INTERNATIONAL GROUP, INC

filed in this office January 7, 2011 to be a Foreign For Profit Corporation formed under the laws of the State of Ohio in the Country of United States Of America.

I further certify that said Foreign For Profit Corporation, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.

In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 7th day of January 2011.



Charlie Varial
Secretary of State

STATE OF ARKANSAS



Mark Martin

To All to Whom These Presents Shall Come, Greetings:

I, Mark Martin, Secretary of State of Arkansas, do hereby certify that the following and hereto attached instrument of writing is a true and perfect copy of

Registration of Fictitious Name

of

BEACON INVESTIGATIVE SOLUTIONS

for

BEACON INTERNATIONAL GROUP, INC

filed in this office

January 19, 2011.

In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 19th day of January 2011.



Mark Martin
Secretary of State