

License No. 1057

State of Minnesota
PRIVATE DETECTIVE LICENSE

BE IT KNOWN THAT:

**Beacon International Group, Inc.
DBA: Beacon Investigative Solutions**

Michael Orchard, Qualified Representative & Minnesota Manager

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS OF PRIVATE DETECTIVE OR INVESTIGATOR
FOR A FEE IN THE STATE OF MINNESOTA FOR A PERIOD OF TWO YEARS FROM January, 2022.



IN TESTIMONY WHEREOF, I, Richard Hodsdon, CHAIR OF THE PRIVATE
DETECTIVE AND PROTECTIVE AGENT SERVICES BOARD, HEREBY
GRANT THE ABOVE NAMED ENTITY A LICENSE TO OPERATE IN THE
STATE OF MINNESOTA.

Richard Hodsdon
CHAIR

LICENSE EXPIRES: January 31, 2024



BEACO-2

OP ID: MN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/09/2024

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. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER 760-471-7116 AMIS/Alliance Mktg. & Ins Serv CA Surplus Line Lic # 0K21904 355 Via Vera Cruz #7 San Marcos, CA 92078 Michelle A. Nowell		CONTACT NAME: Michelle A Nowell PHONE (A/C, No, Ext): 760-471-7116 FAX (A/C, No): 760-471-9378 E-MAIL ADDRESS: mnowell@amiscorp.com	
INSURED Beacon International Group Inc dba: Beacon Investigative Solutions, Qualifying Agent Michael V Orchard 4200 Regent Street #200 Columbus, OH 43219		INSURER(S) AFFORDING COVERAGE INSURER A: StarStone Specialty Ins Comp INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 44776	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Errors & Omission GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		WSGP000596	03/25/2024	03/25/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			WSGP000596	03/25/2024	03/25/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

MN License #: 1057
Additional Insured & 30-Day Notice of Cancellation

Investigation

CERTIFICATE HOLDER

CANCELLATION

MN LIC-1 Minnesota Private Detective and Protective Agent Svcs 1430 Maryland Avenue East St Paul, MN 55106	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
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State of Minnesota

SECRETARY OF STATE

Certificate of Authority to Transact Business

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The following corporation has duly complied with the relevant provisions of Minnesota Statutes, Chapter 303, and is 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.

Name of Corporation in Minnesota:

Beacon International Group Inc

Name of Corporation in State of Incorporation:

Beacon International Group Inc

Corporate Charter Number: 4141590-3

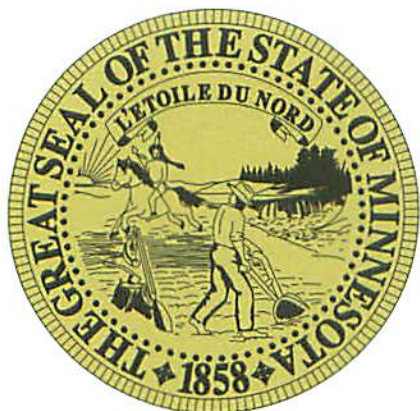
State of Incorporation: OH

Registered Office in Minnesota:

7760 France Ave S 11th Flr
Mpls MN 55435

Name of Registered Agent: North Star Corp Compliance LLC

This certificate has been issued on 01/25/2011.



Mark Ritchie
Secretary of State.

41415900004



MINNESOTA SECRETARY OF STATE

CERTIFICATE OF ASSUMED NAME

Minnesota Statutes, Chapter 333

Read the instructions before completing this form.

Filing fee: \$25.00

The filing of an assumed name does not provide a user with exclusive rights to that name. The filing is required for consumer protection in order to enable consumers to be able to identify the true owner of a business.

1. State the exact assumed name under which the business is or will be conducted: (one business name per application)

Beacon Investigative Solutions

2. State the address of the principal place of business. A complete street address or rural route and rural route box number is required; the address cannot be a P.O. Box.

2720 Airport Drive

Street

Columbus

City

OH

State

434219

Zip code

3. List the name and complete street address of all persons conducting business under the above Assumed Name, OR if an entity, provide the legal corporate, LLC, or Limited Partnership name and registered office address. Attach additional sheet(s) if necessary.

Name (please print)

Street

City

State

Zip

Beacon International Group Inc

2720 Airport Dr

Columbus

OH

43219

4. I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

Signature (ONLY one person listed in #3 or an authorized agent is required to sign)
Date

January
2011

Michael V. Orchard President/CEO
Print Name and Title

Virginia Lee 614-642-0060 v.lee@beaconintlgroup.com
Contact Person and Daytime Phone Number

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED

AssumedNameRegistrationRev.09-10-10

JAN 25 2011

Mark Ritchie
Secretary of State