

License No. 1057

State of Minnesota

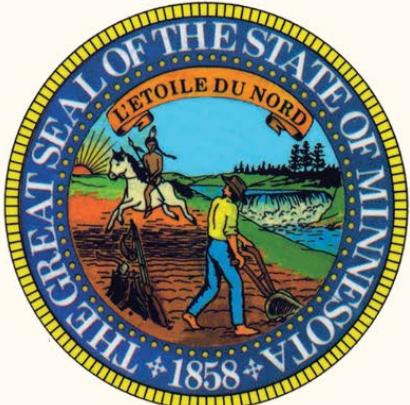
# PRIVATE DETECTIVE LICENSE

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 / INVESTIGATOR  
FOR A FEE IN THE STATE OF MINNESOTA FOR A PERIOD OF TWO YEARS FROM January, 2024.



IN TESTIMONY WHEREOF, I, Richard Hodson, 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.

A handwritten signature of Richard Hodson in black ink, placed over a horizontal line.

CHAIR

LICENSE EXPIRES: January 31, 2026



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/10/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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 AMIS/Alliance Mktg. & Ins Serv CA Surplus Line Lic # 0K21904 355 Via Vera Cruz #7 San Marcos, CA 92078 Michelle A. Nowell	760-471-7116	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
		INSURER(S) AFFORDING COVERAGE StarStone Specialty Ins Comp
		NAIC # 44776
INSURED Beacon International Group Inc dba: Beacon Investigative Solutions, Qualifying Agent Michael V Orchard 4200 Regent Street #200 Columbus, OH 43219	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

## 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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Errors & Omission	X	WSGP000596	03/25/2025	03/25/2026	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									
OTHER:	\$									
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		WSGP000596	03/25/2025	03/25/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000			
	BODILY INJURY (Per person)					\$				
	BODILY INJURY (Per accident)					\$				
	PROPERTY DAMAGE (Per accident)					\$				
	OTHER:					\$				
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB					EACH OCCURRENCE	\$			
	CLAIMS-MADE					AGGREGATE	\$			
	DED <input type="checkbox"/> RETENTION \$						\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					Y / N N / A			PER STATUTE	OTHE- R
	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

MNLIC-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 

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

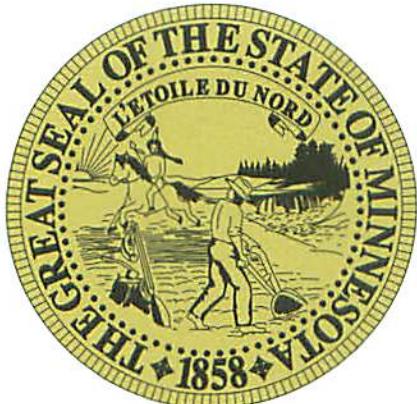
State of Incorporation: OH

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.



## 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

OH

434219

City

State

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)

Beacon International Group Inc

Street

2720 Airport Dr

City

Columbus

State

OH

Zip

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.08-10-10

JAN 25 2011

Mark Kitchie  
Secretary of State