State of Idaho

Office of the Secretary of State

CERTIFICATE OF REGISTRATIONOF

ABSOLUTE LEASING LLC

File Number W 169381

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: July 25, 2016

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SECRETARY OF STATE

By



Rev. 08/2015

FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in <u>duplicate</u>.

2016 JUL 25 PM 2: 21

SECRETARY OF STATE STATE OF IDAHO

| | | | | OTATE OF IDAHO | |
|--|---|---|----------------------------|--|--|
| The name of the entity is: | Absolute Leasing L | _LC | | | |
| The name which it shall use | | | | | |
| | | (Enter a name he | ere, only if | you are required to adopt an alternate name) | |
| Select the type of entity you | u wish to register: | | | | |
| ☐ Business Corporation | ☐ Gener | ral Partnership | | | |
| ☐ Nonprofit Corporation | ☐ Nonprofit Corporation ☐ General Cooperative Association | | | | |
| ☐ Limited Liability Partners | hip Limite | d Partnership (Ir | ncluding | a limited liability limited partnership | |
| | y ☐ Statut | ory Trust, Busin | ess Trus | t, or Common-law Business Trust | |
| Other: | | | | | |
| Other: (Use "Other" only if y | our foreign entity type is <u>no</u> Vachington State | <u>ıt</u> listed above, and ∈ | enter the ty | pe here.) | |
| Jurisdiction of formation: $\frac{V}{V}$ | Provide | the domestic jurisdi | ction wher | e the entity was formed) | |
| The address of its principal | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| 2480 Jackson CT | | | | | |
| (Street Address) | | | | | |
| Clarkston, WA 99403 | | | | | |
| (Mailing Address, if different) | | | | | |
| · · · · · | | | | | |
| The address of its domestic | principal office (if rec | uired by the law | is of the | jurisdiction of formation) is: | |
| (Street Address) | | | | | |
| | | | | | |
| (Mailing Address, if different) | | | | | |
| The mailing address to whi | ah aarraanandanaa ak | sould be address | and if dif | forent from item 5 is: | |
| The mailing address to will | on correspondence si | iodia pe address | seu, ii uii | ierent nom tem 5, is. | |
| (Address) | | | | | |
| | e | .1 . 1 | | | |
| Name and street address of | - | | | | |
| Courtney Jewett | 1415 Pine Cone Road #1, Moscow, ID 83843 | | | | |
| (Name) | (Address) | | | | |
| The name, capacity, and m | ailing address of at le | ast one governo | r: | | |
| Robert Jewett | Manager | _ | | , Clarkston, WA 99403 | |
| | | | .3011 0 1 | , Claireton, VVA 33703 | |
| (Name) | (Capacity) | (Address) | | | |
| (Name) | (Capacity) | (Address) | | | |
| (Name) | (Capacity) | (riddicss) | | | |
| | | | | | |
| | | • | ≥ | IDAHO SECRETARY OF STATE | |
| | | | 6 | 07/25/2016 05:00 | |
| Typed Name: Jordan Bec | k | | nse | CK:1385 CT:327120 BH:1538959 | |
| 1 1 | | | ate | 1@ 100.00 = 100.00 FOR REG ST #2 | |
| Signature: | Cresh An. | | f St | 10 20.00 = 20.00 EXPEDITE C #3 | |
| Signature. | 11/00/07/11/ | | کّ | | |
| Netaboou | Γ | | ecretary of State use only | W169381 | |
| Capacity: Attorney | | | Şec | 10 (M 1,20) | |



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE OF

ABSOLUTE LEASING LLC

I FURTHER CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 11/13/2014.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest and penalties owed to this state and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Date: July 19, 2016

UBI: 603-452-115

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

