

# State of Idaho

Office of the Secretary of State

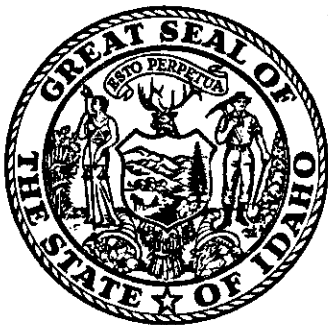
**CERTIFICATE OF AUTHORITY  
OF  
AB SLINGERS INC.**

File Number C 171276

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Business Corporation Act, 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 Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: February 1, 2007



*Ben Yursa*

SECRETARY OF STATE

By

FILED EFFECTIVE



# APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

2007 FEB -1 AM 8:40

SECRETARY OF STATE  
STATE OF IDAHO

The undersigned Corporation applies for a Certificate of Authority and states as follows:

- The name of the corporation is: AB Slingers, Inc.
- The name which it shall use in Idaho is: AB Slingers, Inc.
- It is incorporated under the laws of: Washington
- Its date of incorporation is: November 30, 2006
- The address of its principal office is: P.O. Box 359, Albion, WA 99102
- The address to which correspondence should be addressed, if different from item 5, is: 618 W. Riverside Ave., Ste. 300, Spokane, WA 99201-0602
- The street address of its registered office in Idaho is: 1144 McBride Rd., Potlatch, ID 83855  
and its registered agent in Idaho at that address is: Steffani Anderson
- The names and respective business addresses of its directors and officers are:

Name	Office Held	Business Address
<u>Glenna Blair</u>	<u>President</u>	<u>P.O. Box 359, Albion, WA 99102</u>
<u>Glenna Blair</u>	<u>Secretary</u>	<u>P.O. Box 359, Albion, WA 99102</u>
<u>Steffani Anderson</u>	<u>Treasurer</u>	<u>1144 McBride Rd., Potlatch, ID 83855</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dated: 1-27-07

Signature: *Glenna Blair*

Typed Name: GLENN A BLAIR

Capacity: President  
*[The signer must be a director or an officer of the corporation.]*

Customer Acct # : \_\_\_\_\_  
(if using pre-paid account)

Secretary of State use only

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Revised 06/2005

Web Form

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C171276

UNITED STATES OF AMERICA

# The State of Washington



## Secretary of State

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

### CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

**AB SLINGERS INC.**

I **FURTHER CERTIFY** that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 11/30/2006.

I **FURTHER CERTIFY** that as of the date of this certificate, **AB SLINGERS INC.** remains active and has complied with the filing requirements of this office.

Date: January 18, 2007

UBI: 602-673-011



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

A handwritten signature in cursive script that reads "Sam Reed".

Sam Reed, Secretary of State