State of Idaho

Office of the Secretary of State

OF ALL STAR ROOFING, LLC

dba ALL STAR ROOFING OF MONTANA, LLC

File Number W 162806

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: February 22, 2016



TARY OF STATE

By



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>.

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| | | | | | SECRETARY OF STATE STATE OF IDAHO | |
|----|---|------------------------|---|-----------------------------|---|--|
| 1. | The name of the entity is: <u>ALL S</u> | | NG, LLC | | | |
| | The name which it shall use in Idaho is: <u>ALL STAR ROOFING OF MONTANA, LLC</u> | | | | | |
| 2. | | | | | | |
| 3. | Select the type of entity you wish to register: | | | | | |
| | Business Corporation | | | | | |
| | Nonprofit Corporation | | General Cooperative Association Limited Partnership (Including a limited liability limited partnership) | | | |
| | Limited Liability Partnership Limited Liability Company | | Statutory Trust, Business Trust, or Common-law Business Trust | | | |
| | | | Siy Hust, Dusin | 633 Hu | | |
| | Other: | ion entity type is not | listed above, and r | enter the | type here) | |
| 4. | Jurisdiction of formation: MONT | | | | gpo noro g | |
| | (Provide the domestic junisaction where the entity was formed) | | | | | |
| 5. | The address of its principal office is: 234 OLD HIGHWAY 200, TROUT CREEK, MT 59874 | | | | | |
| | | | | | | |
| | (Street Address) | | | | | |
| | (Mailing Address, if different) | | | | | |
| 6. | The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is: | | | | | |
| | ····· | | | | | |
| | (Street Address) | | | | | |
| | (Mailing Address, if different) | | | | | |
| 7. | The mailing address to which correspondence should be addressed, if different from item 5, is: 319 CHURCH STREET, SANDPOINT, ID 83864 (Address) | | | | | |
| _ | | | | | | |
| 8. | The name of the registered agent and street address of registered agent in Idaho: | | | | | |
| | SYDNEY L. GUTIERREZ 319 CHURCH STREET, SANDPOINT, IDAHO 83864 (Name) (Address) | | | | | |
| | | | | | | |
| 9. | The name, capacity, and mailing address of at least one governor: | | | | | |
| | MAHLON LEE MEMBER 234 OLD HIGHWAY 200, TROUT CREEK, MT 59874 | | | | | |
| | (Name) | (Capacity) | (Address) | | | |
| | (Name) | (Capacity) | (Address) | | | |
| | | | | | | |
| | Signature: Mallon C | p-frag | | Secretary of State use only | IDAHO SECRETARY OF STATE 02/22/2016 05:00 CK:158 CT:177244 BH:1514774 10 100.00 = 100.00 FOR REG ST #2 | |
| | Typed Name: MAHLON LEE | | | ry of | ······································ | |
| | Capacity: MEMBER/MANAGE | ER | | Secreta | 10162806 | |

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SECRETARY OF STATE STATE OF MONTANA

CERTIFICATE OF EXISTENCE

I, Linda McCulloch, Secretary of State of the State of Montana, do hereby certify that

ALL STAR ROOFING, LLC

duly filed its Articles of Organization in this office on 19 July 2013, and on that date was created a limited liability company.

I further certify that all fees reflected in the records of the Secretary of State have been paid by said limited liability company and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said limited liability company and my records indicate the limited liability company is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 18 February 2016.

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LINDA MCCULLOCH Secretary of State

Certified File Number: C239511