



0005241057

**STATE OF IDAHO***Office of the secretary of state, Phil McGrane***FOREIGN REGISTRATION STATEMENT (LIMITED LIABILITY COMPANY)**

Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: \$100.00

*For Office Use Only***-FILED-**

File #: 0005241057

Date Filed: 5/19/2023 2:12:22 PM

| Foreign Registration Statement (Limited Liability Company) | | | | | | | | |
|--|--|--|------|-------|---------|-----------------|---------|--|
| Select one: Standard, Expedited or Same Day Service (see descriptions below) Standard (filing fee \$100) | | | | | | | | |
| 1. The name this limited liability company will use in Idaho is: | | | | | | | | |
| Type of Limited Liability Company | Foreign Limited Liability Company | | | | | | | |
| Entity name | Lift Credit, LLC | | | | | | | |
| 2. Home Jurisdiction | | | | | | | | |
| The jurisdiction of formation is: | DELAWARE | | | | | | | |
| 3. The street address of its domestic principal office (if required by the laws of the jurisdiction of formation) is: | | | | | | | | |
| Street Address | None | | | | | | | |
| 4. The mailing address of its domestic principal office (if required by the laws of the jurisdiction of formation) is: | | | | | | | | |
| Mailing Address | None | | | | | | | |
| 5. The complete street address of the principal office is: | | | | | | | | |
| Principal Office Address | 3585 N UNIVERSITY AVE SUITE 300 PROVO, UT 84604 | | | | | | | |
| 6. The mailing address of the principal office is: | | | | | | | | |
| Mailing Address | 3214 N UNIVERSITY AVE # 601 PROVO, UT 84604-4405 | | | | | | | |
| 7. Registered Agent Name and Address | | | | | | | | |
| Registered Agent | NATIONAL REGISTERED AGENTS, INC. Commercial Registered Agent Physical Address 1555 W SHORELINE DR STE 100 BOISE, ID 83702 Mailing Address 1555 W SHORELINE DR STE 100 BOISE, ID 83702 | | | | | | | |
| <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity. | | | | | | | | |
| 8. Governors | | | | | | | | |
| <table border="1"><thead><tr><th>Name</th><th>Title</th><th>Address</th></tr></thead><tbody><tr><td>Jason Perrenoud</td><td>Manager</td><td>3585 N UNIVERSITY AVE STE 300 PROVO, UT 84604-6611</td></tr></tbody></table> | | | Name | Title | Address | Jason Perrenoud | Manager | 3585 N UNIVERSITY AVE STE 300 PROVO, UT 84604-6611 |
| Name | Title | Address | | | | | | |
| Jason Perrenoud | Manager | 3585 N UNIVERSITY AVE STE 300 PROVO, UT 84604-6611 | | | | | | |
| Signature of individual authorized by the entity to sign: | | | | | | | | |
| Jason Perrenoud | | 05/19/2023 | | | | | | |
| Sign Here | | Date | | | | | | |



Job Title: Manager

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "LIFT CREDIT, LLC" IS DULY FORMED UNDER
THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A
LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF
THE THIRD DAY OF MAY, A.D. 2023.



5913225 8300

SR# 20231086491

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203268780

Date: 05-03-23