



Reset Form



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed)

For Office Use Only

-FILED-

File #: 0004961933

Date Filed: 10/25/2022 1:04:00 PM

1. The name of the entity is: Idaho Falls North of Cascadia, LLC
2. The name which it shall use in Idaho is: _____
(Enter a name here, only if you are required to adopt an alternate name)
3. Select the type of entity you wish to register:
- | | |
|--|--|
| <input type="checkbox"/> Business Corporation | <input type="checkbox"/> General Partnership |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> General Cooperative Association |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership) |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust |
| <input type="checkbox"/> Other: _____
(Use "Other" only if your foreign entity type is not listed above and enter the type here.) | |

4. Jurisdiction of formation: Delaware
(Provide the domestic jurisdiction where the entity was formed)

5. The address of its principal office is:
2205 E. Riverside Dr., Ste 100, Eagle, ID 83616

(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:

(Address)

8. Name and street address of registered agent in Idaho:

Registered Agent Solutions, Inc., 1555 W. Shoreline Drive Suite 100 Boise, ID 83702

(Name and Address)

9. The name, capacity, and mailing address of at least one governor:

<u>Owen Hammond</u>	<u>Member</u>	<u>2205 E. Riverside Dr., Ste 100, Eagle, ID 83616</u>
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(Name)

(Capacity)

(Address)

(Name)

(Capacity)

(Address)

Secretary of State use only

Typed Name: Owen Hammond

Signature: _____

Capacity: Member

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IDAHO FALLS NORTH OF CASCADIA, 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 TWENTY-FOURTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IDAHO FALLS NORTH OF CASCADIA, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



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

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SR# 20223840018

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

Authentication: 204685180

Date: 10-24-22

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