

State of Idaho

Office of the Secretary of State

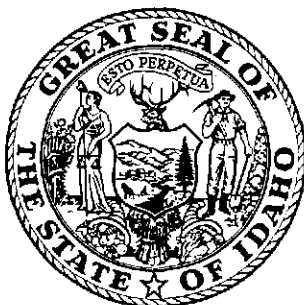
**CERTIFICATE OF REGISTRATION
OF
GABE'S CONSTRUCTION CO., INC.**

File Number C 215042

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: September 5, 2017



Lawrence Denney
SECRETARY OF STATE
By *[Signature]*



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

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

Complete and submit the form in duplicate.

2017 SEP -5 AM 9:49

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: Gabe's Construction Co., Inc.
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 checked="" 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 type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust |

☐ Other: _____
(Use "Other" only if your foreign entity type is not listed above, and enter the type here.)
4. Jurisdiction of formation: Wisconsin
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:
4804 N 40th St., Sheboygan, WI 53083
(Street Address)
PO Box 385, Sheboygan, WI 53082-0385
(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. The name of the registered agent and street address of registered agent in Idaho:
C T Corporation System 921 S Orchard Street, Suite G, Boise, Idaho 83705
(Name) (Address)
9. The name, capacity, and mailing address of at least one governor:

| | | |
|--------------------------|------------------|---|
| <u>Timothy Gabrielse</u> | <u>President</u> | <u>4804 N 40th St., Sheboygan, WI 53083</u> |
| (Name) | (Capacity) | (Address) |

| | | |
|--------|------------|-----------|
| (Name) | (Capacity) | (Address) |
|--------|------------|-----------|

Signature: _____

Robin Markworth

Typed Name: Robin Markworth

Capacity: Treasurer

Secretary of State use only

IDAHO SECRETARY OF STATE

09/05/2017 05:00

CK:54661 CT:345093 BH:1601227

1@ 100.00 = 100.00 FOR REG ST #2

0215042

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

GABE'S CONSTRUCTION CO., INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is December 28, 1962.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on August 31, 2017.

A handwritten signature in cursive script, reading "Mary Ann McCoshen".

MARY ANN MCCOSHEN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions



DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: **206213-24304CA1**