

# State of Idaho

Office of the Secretary of State

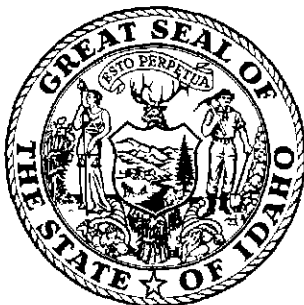
**CERTIFICATE OF REGISTRATION  
OF  
HALOGEN SOFTWARE INC.**

File Number C 215560

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: October 24, 2017



*Lawrence Denney*  
SECRETARY OF STATE

By *Beatty*



# FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

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

Complete and submit the form in duplicate.

2017 OCT 24 PM 2:13

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the entity is: Halogen Software 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: Ontario, Canada  
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:  
495 March Road, Ottawa, Ontario K2K 3G1 Canada  
(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:  
CT Corporation System 921 S Orchard Street Suite G Boise, ID 83705  
(Name) (Address)
9. The name, capacity, and mailing address of at least one governor:
 

<u>Shanna Laughton</u>	<u>Director</u>	<u>495 March Road, Ottawa, ON K1Y 0M2 Canada</u>
(Name)	(Capacity)	(Address)
_____	_____	_____
(Name)	(Capacity)	(Address)

Typed Name: Shanna Laughton

Signature: \_\_\_\_\_

Capacity: Director

Secretary of State use only

IDAHO SECRETARY OF STATE

10/24/2017 05:00

CK: PREPAID CT: 278665 BH: 1608862  
1@ 100.00 = 100.00 FOR REG ST #2

C 215540

Request ID: 020816338  
Demande n° :  
Transaction ID: 65916067  
Transaction n° :  
Category ID: CT  
Catégorie :

Province of Ontario  
Province de l'Ontario  
Ministry of Government Services  
Ministère des Services gouvernementaux

Date Report Produced: 2017/10/13  
Document produit le :  
Time Report Produced: 09:03:08  
Imprimé à :

## **CERTIFICATE OF STATUS**

## **ATTESTATION DU STATUT JURIDIQUE**

This is to certify that according to the records of the Ministry of Government Services

D'après les dossiers du Ministère des Services gouvernementaux, nous attestons que la société

**HALOGEN SOFTWARE INC.**

Ontario Corporation Number

Numéro matricule de la société (Ontario)

**001975493**

is a corporation incorporated, amalgamated or continued under the laws of the Province of Ontario.

est une société constituée, prorogée ou née d'une fusion aux termes des lois de la Province de l'Ontario.

The corporation came into existence on

La société a été fondée le

**MAY 01 MAY, 2017**

and has not been dissolved.

et n'est pas dissoute.

Dated

Fait le

**OCTOBER 13 OCTOBRE, 2017**



Director  
Directeur

The issuance of this certificate in electronic form is authorized by the Director of Companies and Personal Property Security Branch.

La délivrance du présent certificat sous forme électronique est autorisée par la Directrice de la Direction des compagnies et des sûretés mobilières.