0004248059

STATE OF IDAHO
Office of the secretary of state, Lawerence Denney
STATEMENT OF CONVERSION
Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: $30.00

For Office Use Only
-FILED-
File #: 0004248059
Date Filed: 4/16/2021 1:18:44 PM

Statement of Conversion

Select one: Standard, Expedited or Same Day Service (see descriptions below)   Standard (filing fee $30)

Converting Entity:

Entity Name: NEXT LEVEL POWER, LLC

The file number of this entity on the records of the Idaho Secretary of State is: 0000626679

Jurisdiction: IDAHO

Current Entity Type: Limited Liability Company (D)

Entity Subtype   Limited Liability Company

☒ This is a domestic entity, and this plan of conversion was approved in accordance with Idaho Code 30-22-403.

☒ I understand that if I convert this record in error, I am responsible to file another Statement of Conversion to set the record back to the correct entity type.

New Entity Type:

Select the entity type of the converted entity: General Business Corporation

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Entity Subtype:

Corporation Subtype

Corporation Name

Corporation Name   NEXT LEVEL POWER, INC

Business Type:

If this corporation is a Benefit Corporation, Insurance Company or Trust, select here:

Shares:

The number of shares the corporation is authorized to issue: 100

Effective Date of Conversion:

The conversion shall be effective   when filed with the Secretary of State.

The registered agent on record is:

Registered Agent

Incorporator Name(s) and Address(es):

Name	Incorporator Address
⊞ Nichole Peterson	1531 W TANA DR MERIDIAN, ID 83646
⊞ Kory peterson	1531 W TANA DR MERIDIAN, ID 83646

Director Name(s) and Address(es):

Name	Title	Director Address
⊞ Kory peterson	President	1531 W TANA DR MERIDIAN, ID 83646
⊞ Nichole Peterson	Treasurer	1531 W TANA DR MERIDIAN, ID 83646

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Mailing Address of Entity:

| Mailing Address: | 1531 W TANA DR
MERIDIAN, ID 83646-1433 |

The Statement of Conversion must be signed by the converting entity:

Nichole Peterson
_____
Sign Here

04/16/2021
_____
Date

| Job Title: | Manager |