

FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

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

For Office Use Only

-FILED-

File #: 0005362821

Date Filed: 8/14/2023 1:08:00 PM

1. The name of the entity is: MW Expo Anderson, 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: 1100 West Idaho Street, Suite 630, Boise, Idaho 83702
(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: COGENCY GLOBAL INC. 1555 W. Shoreline DR. STE. 100, Boise, Idaho 83702
(Name and Address)
9. The name, capacity, and mailing address of at least one governor:
- | | | |
|---------------------------------|---------------------|--|
| <u>Roundhouse Advisors, LLC</u> | <u>Manager</u> | <u>1100 West Idaho Street, Suite 630, Boise, Idaho 83702</u> |
| (Name) | (Capacity) | (Address) |
| _____
(Name) | _____
(Capacity) | _____
(Address) |

Secretary of State use only

Typed Name: Casey H. Lynch

Signature: 

Capacity: Manager

Delaware

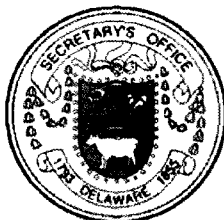
The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MW EXPO ANDERSON, 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 ELEVENTH DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MW EXPO ANDERSON, LLC" WAS FORMED ON THE TENTH DAY OF AUGUST, A.D. 2023.

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



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

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SR# 20233228794

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

Authentication: 203947865

Date: 08-11-23

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