# State of Idaho

## Office of the Secretary of State

#### CERTIFICATE OF REGISTRATION

OF

#### **REV LLC**

#### File Number W 191720

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: November 8, 2017

THE TOTAL

SECRETARY OF STATE

By Beauty

02:24:59 p.m.



Rev. 11/2015

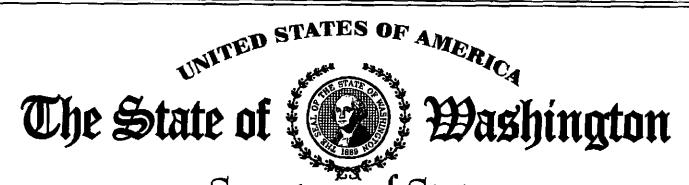
### FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed Complete and submit the form in duplicate. 2017 NOV -8 PM 3: 42

SECRETARY OF STATE STATE OF IDAHO

Select the type of entity your Business Corporation  Nonprofit Corporation  Limited Liability Partnershi  Limited Liability Company  Other:  Use Other only Type  Jurisdiction of formation: We	☐ Genera ☐ Genera ip ☐ Limited ☐ Statuto	Enter a machere only denotine require the all Partnership all Cooperative Association Partnership (Including a limited liability by Trust, Business Trust, or Common-la		(1747-)
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	CONTRACTOR OF	he domestic jurisit from where the entity was firm	1- 1)	
The address of its principal o	office is:			
10011 Bridgeportway SW	, Suite 1500	Lakewood	WA	98499
(Street Address)				
:Mailing Address of differenti	<del></del>			
The address of its domestic r	orincine) office (if requ	ired by the laws of the jurisdiction of for	emation) les	
10011 Bridgeportway SW,		Lakewood	WA	98499
(Street Addre. s.)		Eanowood	777	
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'Address')				<u> </u>
The name of the registered a	cent and street addre	ss of registered agent <u>in Idaho:</u>		
InCorp Services, Inc.		South Vista Ave. Suite 27 Boise		
moorp octalery me				1 00706
(Name)	≀A Idn∙			83705
•		S4)	IL	83705
The name, capacity, and mail	ling address of at leas	st one governor:		
The name, capacity, and mail	ling address of at leas Manager	st one governor: 10028 Dekoven DR SW, Lakev		
The name, capacity, and mail R.J. Naugle	ling address of at leas Manager Capacity	st one governor: 10028 Dekoven DR SW, Lakev (Address)	wood WA 9849	
The name, capacity, and mail	ling address of at leas Manager	st one governor: 10028 Dekoven DR SW, Lakev	wood WA 9849	



Secretary of State

1, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

#### CERTIFICATE OF EXISTENCE

OF

#### **REV LLC**

I FURTHER CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 4/20/2011.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest and penalties owed to this state and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Date: October 28, 2017

UBI: 603-106-429

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

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Kim Wyman, Secretary of State

