



# APPLICATION FOR CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 APR 20 AM 9:23

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

ITHS LLC

2. If the name of the limited liability company is not permissible or is not available in Idaho, the name the foreign limited liability company will use in Idaho is:

\_\_\_\_\_

3. The jurisdiction under whose laws the limited liability company is formed is: Wyoming

4. The name and complete street address of the registered agent in Idaho is:

Tom Barnes 5516 S Loughs way Boise, ID 83709

5. The street and mailing address of the limited liability company's principal office is:

630 S MARIAN AVE Oldtown, ID 83822

*Street Address*

P.O. Box 3583 Oldtown, ID 83822

*Mailing Address, if different*

6. The street and mailing address of the limited liability company's office in the jurisdiction under whose laws it is organized is:

2710 Thomas Ave. Cheyenne, WY 82001

*Street Address*

*Mailing Address, if different*

7. The name and mailing address of at least one member or manager:

Jacob Larsen P.O. Box 3583 Oldtown, ID 83822

8. The mailing address for future correspondence:

P.O. Box 3583 Oldtown, ID 83822

9. Signature of an authorized person:

Jacob Larsen

*Authorized Signature*  
Jacob Larsen  
*Typed Name*

Secretary of State use only

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Revised 07/2008

IDaho SECRETARY OF STATE  
04/20/2009 05:00  
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STATE OF WYOMING  
Office of the Secretary of State

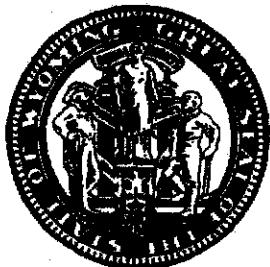
I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

**ITHS LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on March 6, 2009, comply with all applicable requirements of this office. This entity has been assigned entity identification number 2009-000566867.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 14th day of April, 2009 at 11:09 AM. This certificate is assigned 005116617.



*Max Maxfield*  
Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.