

# FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

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

For Office Use Only

**-FILED-**

File #: 0005564737

Date Filed: 1/17/2024 1:09:00 PM

1. The name of the entity is: MW Snowfarm Promote Member, 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 West Shoreline Drive - Suite 100, Boise, ID 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

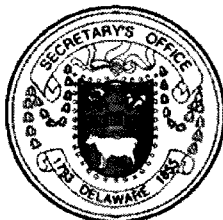
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MW SNOWFARM PROMOTE MEMBER, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MW SNOWFARM PROMOTE MEMBER, LLC" WAS FORMED ON THE EIGHTH DAY OF JANUARY, A.D. 2024.

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



  
Jeffrey W. Bullock, Secretary of State

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Date: 01-16-24

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