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## FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typiDate Filed: 5/18/2022 12:56:00 PM

For Office Use Only

### -FILED-

File #: 0004751997

-46						
. T	he name of the entity is: Lewist	on ID MHP I	LLC			
. т	The name which it shall use in Idaho is:					
	Select the type of entity you wish  Business Corporation  Nonprofit Corporation  Limited Liability Partnership  Limited Liability Company  Other:	☐ Gen ☐ Gen ☐ Limi	neral Partnership neral Cooperative As ited Partnership (Inc	sociation	io adopt an alternate name) lity limited partnership -law Business Trust	
I	urisdiction of formation: Washi		er" only if your loreign ent	ity type is not listed above	e, and enter the type here.)	
. J	(Provide the domestic jurisdiction where the entity was formed)					
1	The address of its principal office is: 150 Nickerson Street, Suite 211, Seattle, Washington 98109 (Street Address)					
	(Mailing Address, if different)					
	The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:					
<	(Street Address)					
-	Wailing Address, if different)					
. Т	The mailing address to which correspondence should be addressed, if different from item 5, is:					
-	(Address)					
	lame and street address of registered agent <u>in Idaho</u> : Registered Agent Solutions, Inc., 921 South Orchard Street, Suite G, Boise, ID 83705					
	(Name and Addrass)				Machine Anne Sent and Control of	
. Т	he name, capacity, and mailing address of at least one governor:					
	Jason Kono	Manager	150 Nickerso	n Street, Suite 211,	Seattle, Washington 9810	19
(	Name)	(Capacity)	(Address)			
- (	Name)	(Capecity)	(Address)		Secretary of State use only	
					222.21d. j d. dialo dod dinj	
Ту	ped Name: Jason Kono					
Się	gnature: Jason zono		05/17/2022			
Ca	92816056DA7847D.					
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# Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

### CERTIFICATE OF EXISTENCE

**OF** 

#### LEWISTON ID MHP LLC

I 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 05/17/2022.

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 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.

> Issued Date: 05/17/2022 UBI Number: 604 920 536



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

the R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 05/17/2022