



# FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

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

For Office Use Only

**-FILED-**

File #: 0004360759

Date Filed: 7/28/2021 3:45:00 PM

1. The name of the entity is: MW Copper Ave, 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: 1109 West Main Street, Suite 390, 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. 921 S. Orchard Street - Suite G, Boise, ID 83705  
(Name and Address)
9. The name, capacity, and mailing address of at least one governor:
 

<u>Roundhouse Advisors, LLC</u>	<u>Manager</u>	<u>1109 West Main Street, Suite 390, Boise, Idaho 83702</u>
(Name)	(Capacity)	(Address)
_____ (Name)	_____ (Capacity)	_____ (Address)

Secretary of State use only

Typed Name: Casey H. Lynch

Signature: 

Capacity: Manager

# Delaware

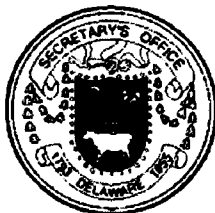
The First State

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**I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "MW COPPER AVE, 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 TWENTY-EIGHTH DAY OF JULY, A.D. 2021.**

**AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MW COPPER AVE,  
LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF JULY, A.D. 2021.**

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



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SR# 20212824436

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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.

Jeffrey W. Bullock, Secretary of State

Authentication: 203783103

Date: 07-28-21

B0628-0789 07/28/2021 3:45 PM Received by ID Secretary of State Lawrence Denney