## State of Idaho

Office of the Secretary of State

### OF JOURNEYMAN CABINETS, INC.

File Number C 207927

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 30, 2015



RETARY OF STATE

# 202

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#### FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00.

Complete and submit the form in <u>duplicate</u>.

2015 NOV 30 AM 8: 53 SECRETARY OF STATE STATE OF IDAHO

1. The name of the entity is: Journeyman Cabinets, Inc.

2.	The name which it shall use in Idaho	is:			
3.	(Enter a name here, only if you are required to adopt an alternate name) Select the type of entity you wish to register:				
-	Business Corporation General Partnership				
	Nonprofit Corporation General Cooperative Association				
	Limited Liability Partnership				
	Limited Liability Company				
	Other:				
4.	Jurisdiction of formation: State of W	ashington	(bata the aptituture formed)		
5.	(Provide the domestic jurisdiction where the entity was formed) The address of its principal office is:				
	2929 E Providence	S	Spokane	WA	99207
	(Street Address)		(City)	(State)	(Zipcode)
	(Mailing Address, if different)		(City)	(State)	(Zipcode)
6.	The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:				
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	(Street Address)	- (	City)	(State)	(Zipcode)
	(Mailing Address, if different)		(City)	(State)	(Zipcode)
7.	The mailing address to which correspondence should be addressed, if different from item 5, is:				
	605 E 6th Avenue		Post Falls	ID 8	33854
	(Address)		(City)	(State)	(Zipcode)
8.	Name and street address of registered agent in Idaho:				
	Kevin E. Kimpton CPA	605 E 6th Avenue	Post Falls	ID	83854
	(Name)	(Address)	(City)	(State)	(Zipcode)
9.	The name, capacity, and mailing address of at least one governor:				
	Paul Ruckhaber President	2929 E Providen	ce Spokane	WA	99207
	(Name) (Capacity)	(Address)	(City)	(State)	(Zipcode)
	(Name) (Capacity)	(Address)	(City)	(State)	(Zipcode)
	(Marte) (Cabacity)	( (d)/0304			
			IDAHO SECR	etary of St	ATE
	Typed Name: Kevin E. Kimpton CPA		$\begin{array}{c} \hline \\ \hline $		
	Typed Name. <u>Revue 2: Juniped Name</u>		CK:2041 CT:29	1646 BH:	1502314
	Signature: INUM 6-	MIMON	10 100.00 = 100	.00 FOR (	REG ST #2
		iont in the second s			
	Capacity: Accountant/Registered Ac		i na	1027	ŗ
Rev. 07/2015			$^{\circ}$ CATAAT		



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

#### **CERTIFICATE OF EXISTENCE/AUTHORIZATION**

#### OF

#### JOURNEYMAN CABINETS, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 1/10/1985.

I FURTHER CERTIFY that as of the date of this certificate, JOURNEYMAN CABINETS, INC. remains active and has complied with the filing requirements of this office.

Date: November 20, 2015

UBI: 600-580-925



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