State of Idaho

Office of the Secretary of State

CERTIFICATE OF REGISTRATION

OF

IDEAL SERVICES NW, LLC

File Number W 161890

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: February 4, 2016



SECRETARY OF STATE

By Alla



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

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

2916 FEB -4 PM 2: 16

SEURETARY OF STATE STATE OF IDAHO

	The name of the entity is: Ide	al Services NV	/ LLC	STATE OF IDAHO"
1.				
2.	The name which it shall use in Idaho is: Ideal Services NW, LLC			
3.	elect the type of entity you wish to register. (Enter a name here, only if you are required to adopt an afternate name)			
	☐ Business Corporation ☐ General Partnership ☐ Nonprofit Corporation ☐ General Cooperative Association			
	☐ Limited Liability Partnership ☐ Limited Partnership (Including a limited liability limited partnership			
	☑ Limited Liability Company ☐ Statutory Trust, Business Trust, or Common-law Business Trust			
	Other:			
	(Use "Other" only if your	foreign entity type is no	of listed above, and enter	the type here.)
4.	Jurisdiction of formation: Washington State (Provide the domestic jurisdiction where the entity was formed)			
5.	The address of its principal office is:			
	5113 Pacific Highway E, Suite 13, Fife, WA 98424			
	(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)			
	(On our mon)			
	(Mailing Address, if different)			
7.	The mailing address to which correspondence should be addressed, if different from item 5, is:			
••	The making address to white contespondence should be addressed, if diligion from light 0, 15;			
	(Address)			
8.	the name of the registered agent and atmost address of ancieta-address of ancieta-address.			
	The name of the registered agent and street address of registered agent <u>in Idaho:</u> 1ncorp Services, Inc. 1524 S Vista Ave, Ste 12, Boise, ID 83705			
	(Name)		ress)	ole 12, Boise, ID 83705
_	(Address)			
9.	The name, capacity, and mailing address of at least one governor:			
	Ray D. Salzer	Member		Hwy E, Suite 13, Fife, WA 98424
	(Name)	(Capacity)	(Address)	
	(Name)	(Capacity)	(Address)	
		1		
		//		<u>*</u>
_		11.		5
5	Signature: (1)	<u> </u>		5
_	uned Name Bay Desizon		[3	
'	yped Name: Ray VSalzer		<u>}</u>	5
~	apacity: Member			IDAHO SECRETARY OF STATE
•	apasty,	····	- 8	02/04/2016 05:00
ev. 1	1/2015		1	CK:3578654 CT:172099 BH:1512112
			I	16 100.00 = 100.00 FOR REG ST #2



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

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF IDEAL SERVICES NW, LLC

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 6/5/2013.

I FURTHER CERTIFY that as of the date of this certificate, IDEAL SERVICES NW, LLC remains active and has complied with the filing requirements of this office.

Date: December 30, 2015

UBI: 603-307-202



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

Kim Wyman, Secretary of State