State of Idaho

Office of the Secretary of State

CERTIFICATE OF REGISTRATION

OF

NORTHWEST TRUSTEE & MANAGEMENT SERVICES, L.L.C.

File Number W 183264

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: May 22, 2017

SECRETARY OF STATE

By

202

FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: $100 typed, $120 not typed

Complete and submit the form in duplicate.

2017 MAY 22 PM 2:08

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: NORTHWEST TRUSTEE & MANAGEMENT SERVICES, L.L.C.

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:

- ☐ Business Corporation
- ☐ Nonprofit Corporation
- ☐ Limited Liability Partnership
- ☒ Limited Liability Company
- ☐ General Partnership
- ☐ General Cooperative Association
- ☐ Limited Partnership (Including a limited liability limited partnership
- ☐ Statutory Trust, Business Trust, or Common-law Business Trust

☐ Other: _____
(Use "Other" only if your foreign entity type is not 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:
7307 NORTH DIVISION STREET SUITE 303, SPOKANE WA 99208
(Street Address)
P.O. BOX 18969, SPOKANE WA 99228
(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:
MATT McMURRY — 564 SOUTH TIBURON AVENUE, MERIDIAN, IDAHO 83642
(Name) (Address)

9. The name, capacity, and mailing address of at least one governor:

(Name)	(Capacity)	(Address)
STEPHEN TREFTS	MANAGER	8209 N JENSEN ROAD, SPOKANE WA 99217

Typed Name: STEPHEN TREFTS

Signature: [signature]

Capacity: PRESIDENT, MANAGER 5/22/17

Rev. 08/2015

Secretary of State use only

IDAHO SECRETARY OF STATE
05/22/2017 05:00
CK:1347 CT:125014 BH:1585360
1@ 100.00 = 100.00 FOR REG ST #2
1@ 20.00 = 20.00 EXPEDITE C #3

W18 3264

UNITED STATES OF AMERICA

The State of Washington

Secretary of State

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

CERTIFICATE OF EXISTENCE

OF

NORTHWEST TRUSTEE & MANAGEMENT SERVICES, L.L.C.

I FURTHER 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 3/28/2016.

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 to this state 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.

Date: May 15, 2017

UBI: 603-602-037

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

Kim Wyman, Secretary of State