FILE NO. F-1888887-9 FILE NO. F-1888887-9

DO NOT WRITE ABOVE THIS LINE! RESERVED FOR ACC USE ONLY.

APPLICATION FOR AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN ARIZONA

Read the Instructions (CO18)

1. ENTITY TYPE - check only one to indicate the type of entity applying for authority:

- [x] FOR-PROFIT CORPORATION
- [ ] NONPROFIT CORPORATION
- [ ] PROFESSIONAL CORPORATION
- [ ] CLOSE CORPORATION
- [ ] BUSINESS TRUST
- [ ] BUSINESS DEVELOPMENT CORP.
- [ ] CORPORATION SOLE
- [ ] INSURER
- [ ] SAVINGS AND LOAN ASSOCIATION
- [ ] CREDIT UNION
- [ ] TRUST COMPANY
- [ ] COOPERATIVE MARKETING ASSOCIATION
- [ ] ELECTRIC COOPERATIVE NON-PROFIT MEMBERSHIP ASSOC.
- [ ] NONPROFIT ELEC. GENERATION AND TRANSMISSION COOPERATIVE CORP.

2. NAME IN STATE OR COUNTRY OF INCORPORATION (FOREIGN NAME) - enter the exact, true name of the foreign corporation:
Kraft Screens & Window Washing INC

3. NAME TO BE USED IN ARIZONA (ENTITY NAME) - *see Instructions (CO18)* - Identify the name the foreign corporation will use in Arizona by checking 3.1, 3.2, or 3.3 (check only one), and follow instructions:

3.1 [x] Name in state or country of incorporation, with no changes - Go to number 4.	3.2 [ ] Name in state or country of incorporation, *with a corporate identifier added to it* - Enter the name in number 3.4 below.	3.3 [ ] Fictitious name (check this *only if* the foreign corporation's name in its state or country of incorporation is not available for use in Arizona) - Enter the name in number 3.4 below.

3.4 If you checked 3.2 or 3.3, enter or print the name to be used in Arizona:

4. FOREIGN DOMICILE - list the state or country in which the foreign corporation is incorporated: Oregon

5. DATE OF INCORPORATION IN FOREIGN DOMICILE: 12/29/03

6. DURATION - the duration or life period of the foreign corporation is presumed to be perpetual *unless* one of the boxes is checked below *and* the blanks are filled in:

- [ ] The corporation's life period will end after the expiration of _____ years (enter a number of years).
- [ ] The corporation's life period will end on this date _____ (enter a date).
- [ ] The corporation's life period will end upon the occurrence of this event:

_____ (describe an event).

7. PURPOSE - the foreign corporation's purpose is to engage in any or all lawful business or affairs in which corporations may engage in the state or country under whose law the foreign corporation is incorporated, subject to the following limitations, if any (*leave this blank if there are no limitations on the corporation's purposes*):

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8. **CHARACTER OF BUSINESS** – briefly describe the character of business or affairs the foreign corporation initially intends to conduct in Arizona. NOTE that the character of business or affairs that the foreign corporation ultimately conducts is not limited by the description provided.

Window and Door screen manufacturing and installations.

9. PRINCIPAL OFFICE ADDRESS - FOREIGN DOMICILE STREET ADDRESS – see Instructions C018(– give the physical or street address (not a P. O. Box) of the foreign corporation required to be maintained in its state or country of incorporation, or, if not so required, of the foreign corporation's statutory agent in its state or country of incorporation)	**10. ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:** Is the Arizona known place of business street address the same as the street address of the statutory agent? [X] Yes - go to number 11 and continue. [ ] No - provide the Arizona physical or street address (not a P.O. Box) below:
Attention (optional): 15620 NE Ellers Rd	Attention (optional)
Address 1	Address 1
Address 2 (optional)	Address 2 (optional)
City: Aurora, State: OR, Zip: 97002	City, State, Zip

11. STATUTORY AGENT IN ARIZONA – see Instructions C018k

11.1 *REQUIRED* – give the name (can be an individual or an entity) and *physical or street address* (not a P.O. Box) in Arizona of the statutory agent:	**11.2** *OPTIONAL* – mailing address in Arizona of statutory agent (can be a P.O. Box):
Patricia Hosler — Statutory Agent Name (required)	
Attention (optional): 13850 East 53rd St	Attention (optional)
Address 1	Address 1
Address 2 (optional)	Address 2 (optional)
City: Yuma, State: AZ, Zip: 85367	City, State, Zip

11.3 *REQUIRED* – the Statutory Agent Acceptance form M002 must be submitted along with this Application For Authority.

12. DIRECTORS - list the name and business address of each and every Director of the corporation. If more space is needed, check this box [ ] and complete and attach the Director Attachment form C082.

Director Name: Debra L Kraft	Director Name
Address 1: 15620 NE Ellers Rd	Address 1
Address 2 (optional)	Address 2 (optional)
City: Aurora, State or Province: OR, Zip: 97002	City, State or Province, Zip
Country: UNITED STATES	Country
Date taking office (optional):	Date taking office (optional):

Director Name
Address 1
Address 2 (optional)
City / Country
State or Province
Zip
Date taking office (optional)

Director Name
Address 1
Address 2 (optional)
City / Country
State or Province
Zip
Date taking office (optional)

Director Name
Address 1
Address 2 (optional)
City / Country
State or Province
Zip
Date taking office (optional)

Director Name
Address 1
Address 2 (optional)
City / Country
State or Province
Zip
Date taking office (optional)

13. OFFICERS - list the name and business address of all principal Officers of the corporation. If more space is needed, check this box ☐ and complete and attach the Officer Attachment form cd68.

Debra L Kraft
Officer Name
15620 NE Ellen Rd
Address 1
Address 2 (optional)
Aurora
OR
97002
City / Country
State or Province
Zip
UNITED STATES
Date taking office (optional)
Officer Title
President

Officer Name
Address 1
Address 2 (optional)
City / Country
State or Province
Zip
Date taking office (optional)
Officer Title

Officer Name
Address 1
Address 2 (optional)
City / Country
State or Province
Zip
Date taking office (optional)
Officer Title

Officer Name
Address 1
Address 2 (optional)
City / Country
State or Province
Zip
Date taking office (optional)
Officer Title

Officer Name
Address 1
Address 2 (optional)
City / Country
State or Province
Zip
Date taking office (optional)
Officer Title

14. **FOR-PROFITS ONLY – SHARES AUTHORIZED** – *see Instructions C013* – list the class (common, preferred, etc.) and total number of shares the foreign corporation is AUTHORIZED to issue. This information must match the original Articles of Incorporation plus any amendments thereto. If more space is needed, check this box ☐ and complete and attach the Shares Authorized Attachment form C087.

Class	Series	Total	Par Value
Common Stock		500 shares	0

15. **FOR-PROFITS ONLY – SHARES ISSUED** – *see Instructions C013* – list each class/series of authorized shares and give the total number and par value of shares of that class that have been ISSUED. If no shares of that class have been issued, put the number zero. If more space is needed, check this box ☐ and complete and attach the Shares Issued Attachment form C097.

Class	Series	Total	Par Value
Common Stock		500 shares	0

16. **NONPROFITS ONLY – MEMBERS** – check one box only:

Does the foreign nonprofit corporation have members? ☐ Yes ☐ No

17. **PROFESSIONAL CORPORATIONS ONLY – PROFESSIONAL SERVICES** – If "professional corporation" is checked in number 1, briefly describe the type of professional services the corporation will render (examples: accounting, medical, law firm):

____

18. **PROFESSIONAL CORPORATIONS ONLY – PROFESSIONAL LICENSE:**

By the signature appearing on this document, the foreign professional corporation certifies under penalty of perjury that at least one-half of its shareholders who are entitled to vote for the election of directors, and at least one-half of its directors, and its president, are licensed in one or more states to render a professional service described in the foreign professional corporation's articles of incorporation.

NOTE: **You must attach a statement from the licensing authority in Arizona for the profession showing that at least one of the professional corporation's shareholders or employees is licensed in Arizona to render that professional service. (See A.R.S. § 10-2245.)**

SIGNATURE: By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

☑ I ACCEPT

Signature	Printed Name	Date
[signature]	Debra L Kraft	11/18/2013

REQUIRED – check only one:

☐ I am the Chairman of the Board of Directors of the corporation filing this document.	☒ I am a duly-authorized Officer of the corporation filing this document.	☐ I am a duly authorized bankruptcy trustee, receiver, or other court-appointed fiduciary for the corporation filing this document.

Filing Fee: $175.00 (regular processing) Expedited processing – add $35.00 to filing fee. All fees are nonrefundable - see Instructions.	Mail: Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100

Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.
All documents filed with the Arizona Corporation Commission are public record and are open for public inspection.
If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

1. **ENTITY NAME** – give the exact name in Arizona of the corporation or LLC that has appointed the Statutory Agent:

   Kraft Screens & Window Washing LLC

2. **A.C.C. FILE NUMBER** (if entity is already incorporated or registered in AZ): ________
   Find the A.C.C. file number on the upper corner of filed documents OR on our website at: http://www.azcc.gov/Divisions/Corporations

3. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be either an individual or an entity):

   Patricia Hosler

   3.1 **Check one box:** ☒ The statutory agent is an **Individual** (natural person).
   ☐ The statutory agent is an **Entity**.

STATUTORY AGENT SIGNATURE:

By the signature appearing below, the individual or entity named in number 3 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

☒ I ACCEPT

Patricia Hosler	Patricia Hosler	11-18-2013
Signature	Printed Name	Date

REQUIRED – check only one:

☒ **Individual as statutory agent:** I am signing on behalf of myself as the individual	☐ **Entity as statutory agent:** I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity.

Filing Fee: none (regular processing) Expedited processing – (available only if this form is submitted by itself) add $35.00 to filing fee. All fees are nonrefundable - see Instructions.	Mail: Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100

Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.
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If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

DO NOT WRITE ABOVE THIS LINE RESERVED FOR ACC USE ONLY.

CERTIFICATE OF DISCLOSURE

Read the Instructions C003!

1. **ENTITY NAME** – give the exact name of the corporation in Arizona:
   Kraft Screens & Window Washing INC

2. **A.C.C. FILE NUMBER** (if already incorporated or registered in AZ): _____
   Find the A.C.C. file number on the upper corner of filed documents OR on our website at: http://www.azcc.gov/Divisions/Corporations

3. **Check only one of the following to indicate the type of Certificate:**
   - ☒ Initial (accompanies formation or registration documents)
   - ☐ Annual (credit unions and loan companies only)
   - ☐ Supplemental to COD filed _____ (supplements a previously-filed Certificate of Disclosure)

4. FELONY/JUDGMENT QUESTIONS :
Has any person (a) who is currently an officer, director, trustee, or incorporator, or (b) who controls or holds over ten per cent of the issued and outstanding common shares or ten per cent of any other proprietary, beneficial or membership interest in the corporation been:

4.1	Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the signing of this certificate?	☐ Yes	☒ No
4.2	Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven-year period immediately preceding the signing of this certificate?	☐ Yes	☒ No
4.3	Subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven-year period immediately preceding the signing of this certificate, involving any of the following: a. The violation of fraud or registration provisions of the securities laws of that jurisdiction; b. The violation of the consumer fraud laws of that jurisdiction; c. The violation of the antitrust or restraint of trade laws of that jurisdiction?	☐ Yes	☒ No
4.4	If any of the answers to numbers 4.1, 4.2, or 4.3 are **YES**, you MUST complete and attach a		form C004.

5. BANKRUPTCY QUESTION:			
5.1	Has any person (a) who is currently an officer, director, trustee, incorporator, or (b) who controls or holds over twenty per cent of the issued and outstanding common shares or twenty per cent of any other proprietary, beneficial or membership interest in the corporation, **served in any such capacity or held a twenty per cent interest in any other corporation** (not the one filing this Certificate) **on the bankruptcy or receivership of the other corporation?**	☐ Yes	☒ No
5.2	If the answer to number 5.1 is **YES**, you **MUST** complete and attach a Certificate of form C005.		

IMPORTANT: *If within 60 days of the delivery of this Certificate to the A.C.C. any person not included in this Certificate becomes an officer, director, trustee or person controlling or holding over ten per cent of the issued and outstanding shares or ten per cent of any other proprietary, beneficial or membership interest in the corporation, the corporation must submit a SUPPLEMENTAL Certificate providing information about that person, signed by all incorporators or by a duly elected and authorized officer.*

SIGNATURE REQUIREMENTS:	
Initial Certificate of Disclosure:	This Certificate must be signed by all incorporators. If more space is needed, complete and attach an form C084.
Foreign corporations:	This Certificate may be signed by a duly authorized officer or by the Chairman of the Board of Directors.
Credit Unions and Loan Companies:	This Certificate must be signed by any 2 officers or directors.

Debra L Kraft
Name

15620 NE Eilers Rd
Address 1

Address 2

Aurora	OR	97002
City	State	Zip

Country UNITED STATES

SIGNATURE – *see Instructions C003:*

By typing or entering my name and checking the box marked "I accept" below, I intend to affix my electronic signature and (or through my physical signature appearing below) I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

☒ I ACCEPT

[signature]
Signature

Debra L Kraft 11/13/2013
Printed Name Date

REQUIRED – check only one:

☐ **Incorporator** – I am an incorporator of the corporation submitting this Certificate.
☒ **Officer** – I am an officer of the corporation submitting this Certificate
☐ **Chairman of the Board of Directors** – I am the Chairman of the Board of Directors of the corporation submitting this Certificate.
☐ **Director** – I am a Director of the credit union or loan company submitting this Certificate.

Name

Address 1

Address 2

City State Zip

Country

SIGNATURE – *see Instructions C003:*

By typing or entering my name and checking the box marked "I accept" below, I intend to affix my electronic signature and (or through my physical signature appearing below) I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

☐ I ACCEPT

Signature

Printed Name Date

REQUIRED – check only one:

☐ **Incorporator** – I am an incorporator of the corporation submitting this Certificate.
☐ **Officer** – I am an officer of the corporation submitting this Certificate
☐ **Chairman of the Board of Directors** – I am the Chairman of the Board of Directors of the corporation submitting this Certificate.
☐ **Director** – I am a Director of the credit union or loan company submitting this Certificate.

Filing Fee: None All fees are nonrefundable - see Instructions.	Mail: Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100

Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.
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If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

I, KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

KRAFT SCREENS & WINDOW WASHING INC.
was
incorporated
under the Oregon
Business Corporation Act
on
December 29, 2005
and is active on the records of the Corporation Division as of this date of this certificate.

In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

KATE BROWN, Secretary of State
November 19, 2013

Phone: (503) 986-2200
Fax: (503) 378-4381

Articles of Incorporation

Secretary of State
Corporation Division
255 Capitol St. NE, Suite 151
Salem, OR 97310-1327
FilingsOregon.com

Check the appropriate box below:
☒ BUSINESS CORPORATION (Complete only 1, 2, 3, 4, 5, 8, 9, 10)
☐ PROFESSIONAL CORPORATION (Complete all items)

FILED
DEC 20 2013
OREGON SECRETARY OF STATE

ENTITY NUMBER: 192617-91

In keeping with Oregon Statute 192.410-192.505, the information on this application is public record. We must release this information to all parties upon request and it may be posted on our website.

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1) NAME: Kraft Screens & Window Washing Inc.

NOTE: For a BUSINESS CORPORATION, the name must contain the word "Corporation," "Company," "Incorporated," or "Limited," or an abbreviation of one of such words. For a PROFESSIONAL CORPORATION, the name must contain the words "Professional Corporation," or abbreviations thereof, i.e., "P.C.," or "Prof. Corp."

2) REGISTERED AGENT
Debra Kraft

3) ADDRESS OF REGISTERED AGENT
(Must be an Oregon Street Address, which is identical to the registered agent's business office. Must include city, state, zip; no PO Boxes.)
15620 NE Eilers Road
Aurora, OR 97002

4) ADDRESS FOR MAILING NOTICES
15620 NE Eilers Road
Aurora, OR 97002

5) OPTIONAL PROVISIONS (Attach a separate sheet.)

6) NUMBER OF SHARES (The Corporation will have the authority to issue.)
500

Professional Corporation Only

7) PROFESSIONAL/BUSINESS SERVICES (List professional service(s) and other business services to be rendered.)

8) INCORPORATORS (List names and addresses of each incorporator. Attach a separate sheet if necessary.)
Gordon Hall, Attorney at Law, 5050 SW Griffith Drive, Suite 220, Beaverton, OR 97005

9) RESOLUTION (All incorporators must sign. Attach separately sheet if necessary.)
Signature: Gordon Hall
Printed Name: Gordon Hall

FEES
Required Processing Fee: $50
Certification Copy (Optional): $5
Processing Fees are nonrefundable
Please make check payable to Corporation Division
NOTE: Fees may be paid with cash or by credit card. Use card number and expiration date provided by business on a separate sheet for your protection.

10) CONTACT NAME (To resolve questions with this filing.) DAYTIME PHONE NUMBER (Include area code.)
Gordon Hall 503-997-4464

Rev 10/...

17/24

CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

I, KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

That the attached Document File for:

KRAFT SCREENS & WINDOW WASHING INC.

is a true copy of the original documents that have been filed with this office.

In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

KATE BROWN, Secretary of State
November 20, 2013