

APR 12 2017

FILE NO. F-217511-2

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 C018i*

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

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> FOR-PROFIT CORPORATION | <input type="checkbox"/> INSURER   |
| <input type="checkbox"/> NONPROFIT CORPORATION             | <input type="checkbox"/> SAVINGS AND LOAN ASSOCIATION                                  |
| <input type="checkbox"/> PROFESSIONAL CORPORATION          | <input type="checkbox"/> CREDIT UNION  |
| <input type="checkbox"/> CLOSE CORPORATION                 | <input type="checkbox"/> TRUST COMPANY   |
| <input type="checkbox"/> BUSINESS TRUST                    | <input type="checkbox"/> COOPERATIVE MARKETING ASSOCIATION                             |
| <input type="checkbox"/> BUSINESS DEVELOPMENT CORP.        | <input type="checkbox"/> ELECTRIC COOPERATIVE NON-PROFIT MEMBERSHIP ASSOC.             |
| <input type="checkbox"/> CORPORATION SOLE                  | <input type="checkbox"/> 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:**

Integrated Power Systems, Inc.

**3. NAME TO BE USED IN ARIZONA (ENTITY NAME) – see Instructions C018i – 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** ☐ 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:**

Integrated Power Southwest, Inc.

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

**5. DATE OF INCORPORATION IN FOREIGN DOMICILE:** 10/2/1997

**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 purpose):**  
\_\_\_\_\_

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.

Sales of Electrical Equipment

<b>9. PRINCIPAL OFFICE ADDRESS - FOREIGN DOMICILE STREET ADDRESS</b> – <i>see Instructions C018i</i> – give the <b>physical or street address</b> (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:			<b>10. ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:</b> Is the Arizona known place of business street address the same as the <b>street address</b> of the statutory agent? <input checked="" type="checkbox"/> Yes – go to number 11 and continue. <input type="checkbox"/> No – provide the Arizona physical or street address (not a P.O. Box) below:		
Integrated Power Systems, Inc.			Shane Lanser		
Attention (optional) Jim Consolo			Attention (optional) 14409 N 42nd Street		
Address 1 17643 Pilkington Rd			Address 1		
Address 2 (optional) City Lake Oswego		OR State	97035 Zip	Address 2 (optional) City Phoenix	
				AZ State	85032 Zip

<b>11. STATUTORY AGENT IN ARIZONA</b> – <i>see Instructions C018i</i> :					
<b>11.1 REQUIRED</b> – give the <b>name</b> (can be an individual or an entity) <b>and physical or street address</b> (not a P.O. Box) in Arizona of the statutory agent:			<b>11.2 OPTIONAL</b> – mailing address in Arizona of statutory agent (can be a P.O. Box):		
Shane Lanser					
Statutory Agent Name (required)					
Attention (optional) 14409 N 42nd Street			Attention (optional)		
Address 1			Address 1		
Address 2 (optional) City Phoenix		AZ State	85032 Zip	Address 2 (optional) City	
				State Zip	
<b>11.3 REQUIRED</b> – the Statutory Agent Acceptance form M002 must be submitted along with this Application For Authority.					

<b>12. DIRECTORS</b> – list the <b>name and business address</b> of each and every Director of the corporation. If more space is needed, check this box <input type="checkbox"/> and complete and attach the <u>Director Attachment</u> form C082.					
James Consolo					
Director Name 17643 Pilkington Rd			Director Name		
Address 1			Address 1		
Address 2 (optional) Lake Oswego		OR State	07035 Zip	Address 2 (optional)	
City Country	UNITED STATES	State or Province	Zip	City Country	State or Province Zip
Date taking office (optional):			Date taking office (optional):		

Director Name				Director Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City		State or Province	Zip	City		State or Province	Zip
Country				Country			
Date taking office (optional):				Date taking office (optional):			
Director Name				Director Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City		State or Province	Zip	City		State or Province	Zip
Country				Country			
Date taking office (optional):				Date taking office (optional):			
<b>13. OFFICERS</b> - list the <b>name and business address</b> of all principal Officers of the corporation. If more space is needed, check this box <input type="checkbox"/> and complete and attach the <u>Officer Attachment</u> form C085.							
Officer Name				Officer Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City		State or Province	Zip	City		State or Province	Zip
Country				Country			
Date taking office (optional):		Officer title:		Date taking office (optional):		Officer Title:	
Officer Name				Officer Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City		State or Province	Zip	City		State or Province	Zip
Country				Country			
Date taking office (optional):		Officer Title:		Date taking office (optional):		Officer Title:	
Officer Name				Officer Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City		State or Province	Zip	City		State or Province	Zip
Country				Country			
Date taking office (optional):		Officer Title:		Date taking office (optional):		Officer Title:	

- 14. FOR-PROFITS ONLY – SHARES AUTHORIZED** – see *Instructions C018i* – 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: Common Series: \_\_\_\_\_ Total: 100,000 Par Value: 0

Class: \_\_\_\_\_ Series: \_\_\_\_\_ Total: \_\_\_\_\_ Par Value: \_\_\_\_\_

- 15. FOR-PROFITS ONLY – SHARES ISSUED** – see *Instructions C018i* – 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: Common Series: \_\_\_\_\_ Total: 100,000 Par Value: 0

Class: \_\_\_\_\_ Series: \_\_\_\_\_ Total: \_\_\_\_\_ Par Value: \_\_\_\_\_

- 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.

  
Signature

☒ I ACCEPT

James Corrado  
Printed Name

4-7-17  
Date

**REQUIRED** – check only one:

<input checked="" type="checkbox"/> I am the <b>Chairman of the Board of Directors</b> of the corporation filing this document.	<input type="checkbox"/> I am a duly-authorized <b>Officer</b> of the corporation filing this document.	<input type="checkbox"/> I am a duly authorized <b>bankruptcy trustee</b> , receiver, or other court-appointed fiduciary for the corporation filing this document.
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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.

Clear Form

Print Form

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 (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Article of Incorporation):

Integrated Power Southwest, Inc.


2. **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). **NOTE** - the name must match **exactly** the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:

Shane Lanser

3. **STATUTORY AGENT SIGNATURE:**

By the signature appearing below, the individual or entity named in number 2 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

The person signing below declares and certifies *under penalty of perjury* that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.



Signature

Shane Lanser 4/6/17

Printed Name

Date

**REQUIRED** – check only one:

☒ **Individual as statutory agent:** I am signing on behalf of myself as the individual (natural person) named as statutory agent.

☐ **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 – not applicable.  
All fees are nonrefundable – see Instructions.

Mail: Arizona Corporation Commission – Corporate Filings Section  
1300 W. Washington St., Phoenix, Arizona 85007  
Fax: 602-542-4100

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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 OF DISCLOSURE***Read the Instructions C003i***1. ENTITY NAME** – give the exact name of the corporation in Arizona:Integrated Power Southwest, 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:

<b>4.1</b>	Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the five-year period immediately preceding the signing of this certificate?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>4.2</b>	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 five-year period immediately preceding the signing of this certificate?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>4.3</b>	Subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the five-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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>4.4</b>	If any of the answers to numbers 4.1, 4.2, or 4.3 are <b>YES</b> , you <b>MUST</b> complete and attach a Certificate of Disclosure Felony/Judgment Attachment 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 Disclosure Bankruptcy Attachment 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 Incorporator Attachment 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.

James Consolo

Name

17643 Pilkington Rd.

Address 1

Address 2

Lake Oswego

OR

97035

City

UNITED STATES

State

Zip

Country

**SIGNATURE – see Instructions C003i:**

By typing or entering my name and 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

James Consolo

Printed Name

4-7-17

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 C003i:**

By typing or entering my name and 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

**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

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# *State of Oregon*

*OFFICE OF THE SECRETARY OF STATE  
Corporation Division*

## **Certificate of Existence 155N335L4**

*I, DENNIS RICHARDSON, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:*

**INTEGRATED POWER SYSTEMS, INC.**

*is*

**Incorporated**

*under the laws of The State of Oregon*

*and is active on the records of the Corporation Division as of the date of this certificate.*

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



A handwritten signature in cursive script that reads "Dennis Richardson".

**DENNIS RICHARDSON, SECRETARY OF STATE**

**4/7/2017**



# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

**Certified Copy    599G995N4**

*I, DENNIS RICHARDSON, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:*

*That the attached*

Document File

*for*

*INTEGRATED POWER SYSTEMS, INC.*

*is a true copy of the original document(s).*

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



A handwritten signature in cursive script, reading "Dennis Richardson".

DENNIS RICHARDSON, SECRETARY OF STATE

4/7/2017

ARTICLES OF INCORPORATION  
OF INTEGRATED POWER SYSTEMS, INC.

FILED

OCT 02 1997

OREGON  
SECRETARY OF STATE

ARTICLE I  
NAME

The name of this Corporation is Integrated Power Systems, Inc.

1300 NE 48<sup>th</sup> Suite 1400, Hillsboro, OR 97124 *address for notices*

ARTICLE II  
DURATION

This Corporation has perpetual existence

ARTICLE III  
PURPOSES

The Corporation is organized for the purposes of transacting any and all lawful business, trade or activity for which a corporation may be incorporated under the Oregon Business Corporation Act.

ARTICLE IV  
SHARES

The Corporation is authorized to issue 100,000 shares of common stock

ARTICLE V  
CUMULATIVE VOTING

At each election for directors every shareholder entitled to vote at such election shall have the right to vote in person or by proxy, the number of shares owned by the shareholder for as many persons as there are directors to be elected, or to cumulate votes by giving one candidate as many votes as the number of such directors to be elected multiplied by the number of such shareholder's shares shall equal, or by distributing such votes on the same principle among any number of such candidates

ARTICLE VI  
REGISTERED OFFICE AND AGENT

The name of the initial registered agent of the Corporation and the address of its initial registered office are as follows:

Martha Consolo, 13984 SW Aerie Drive, Tigard, OR 97223

ARTICLES OF INCORPORATION  
PAGE 1

09109700318

\$50.00

CD 2  
10

INTEGRATED POWER SYSTEMS, INC.



VOID WITHOUT WATERMARK OR IF ALTERED

59418484-1886330

NEW

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

594184-84

## ARTICLE VII DIRECTORS

A. The number of directors of the Corporation shall be determined in the manner specified by the Bylaws and may be increased or decreased from time to time in the manner provided therein. The initial Board of Directors shall consist of three directors and their names and addresses is as follows

James Consolo, 13984 SW Aerie Dr. Tigard, OR. 97223  
Jamie Mayol, 1565 SW 211<sup>th</sup> Ave., Aloha, OR. 97006  
Bill Coleman, 1400 NE 48<sup>th</sup> Ave., Hillsboro, OR. 97124

B. The term of the initial director shall be until the first annual meeting of the shareholders or until his successors are elected and qualified, unless removed in accordance with the provisions of the Bylaws.

## ARTICLE VIII INCORPORATOR

The name and address of the incorporator is as follows

James Consolo, 13984 SW Aerie Dr., Tigard, OR. 97223  
Jamie Mayol, 1565 SW 211<sup>th</sup> Ave., Aloha, OR. 97006  
William Coleman, 1400 NE 48<sup>th</sup> Ave., Hillsboro, OR. 97124

## ARTICLE IX TRANSACTIONS WITH INTERESTED SHAREHOLDERS

The Corporation elects to be covered by the provisions of the Oregon Business Corporation Act concerning transactions with interested shareholders, as therein defined, whether or not the Corporation may at any time have fewer than three hundred holders of record of its shares.

## ARTICLE X INDEMNIFICATION OF OFFICERS AND DIRECTORS

The Corporation may indemnify to the fullest extent permitted by law any person who is made, or threatened to be made, a party to an action, suit or proceeding, whether civil, criminal, administrative, investigative or otherwise and whether formal or informal (including an action, suit or proceeding by or in the right of the corporation) by reason of the fact that the person is or was a director or officer of the Corporation or a fiduciary with respect to any employee benefit plan of the Corporation, or serves or served at the request of the Corporation as a director, officer, partner, trustee, employee, or agent of another corporation, partnership, joint venture, trust, employee benefit plan or other enterprise. Director includes,

ARTICLES OF INCORPORATION  
PAGE 2

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unless the Context requires otherwise, the estate or personal representative of a director  
This Article shall not be deemed exclusive of any other provisions for indemnification of  
directors, officers and fiduciaries that may be included in any statute, bylaw, agreement,  
resolution of shareholders or directors or otherwise, both as to action in any official  
Capacity and action in another Capacity while holding office

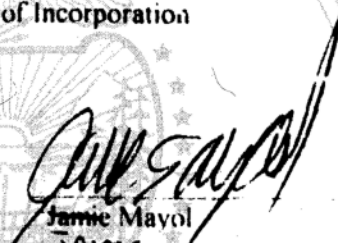
#### ARTICLE XI DIRECTOR LIABILITY

No director of the Corporation shall be personally liable to the Corporation or its  
shareholders for monetary damages for Conduct as a director, provided that this Article  
XI shall not eliminate the liability of a director for any act or omission for which such  
elimination of liability is not permitted under the Oregon Business Corporation Act No  
amendment to the Oregon Business Corporation Act that further limits the acts or  
omissions for which elimination of liability is permitted shall affect the liability of a director  
for any act or omission which occurs prior to the effective date of such amendment

The undersigned person, as incorporator of this Corporation under the Oregon  
Business Corporation Act, adopts these Articles of Incorporation

Dated this 29 day of Aug. 1997

  
James Consolo

  
Jamie Mayol  
JAIME

  
William A. Coleman

**Integrated Power Systems, Inc.  
Power Protection Plus, Inc.**

**Stock Sale Transaction**

On this day, June 30, 2003; Jaime Mayol, a shareholder and partner of Integrated Power Systems, Inc., (IPS) and Power Protection Plus, Inc., (PPP) has chosen to sell all shares of stock and dissolve and sever the partnership and any legal relationship, assets or liabilities existing with IPS or PPP. Shares are valued per the articles of incorporation, at book value as of June 30, 2003.

The Current book value for Jaime Mayol was determined to be: (See Summary Pages)

\$ 1,142.

However, it was agreed that the stock would be sold at a higher market value to show good will in the separation of the partners. Stocks are to be sold back to IPS and PPP in the following manner:

Total Amount Owed to Jaime Mayol	\$ 1,142.
Transfer of ownership, 2002 Chevy Avalanche, VIN # 3GNEK13T32G178308	\$ 00.
Transfer of ownership of Digital Camera	\$ 00.
Transfer of ownership of Dell Laptop	\$ 00.
Transfer of ownership Cash	<u>\$ 3,858.</u>
Total Amount Remaining	\$ 5,000.

The remaining amount shall be paid in one lump sum check at the signing of this transaction.

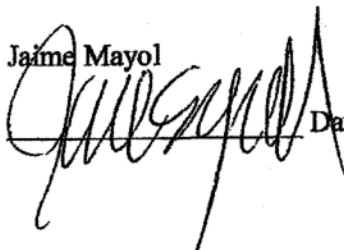
Jim Consolo

 Date 9/18/03

William Coleman

 Date 9/18/03

Jaime Mayol

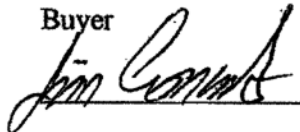
 Date 9/18/03

**Integrated Power Systems, Inc.  
Power Protection Plus, Inc.**

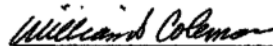
**Buy Out  
Stock Sale Transaction**

On this day, December 31<sup>st</sup>, 2004, William A. Coleman, a shareholder and partner of Integrated Power Systems, Inc., (IPS) and Power Protection Plus, Inc., (PPP) has chosen to sell all shares of stock and dissolve and sever the partnership and any legal relationship, assets or liabilities existing with IPS and PPP to Jim Consolo. Shares and compensation values have been mutually agreed upon and shown in "Appendix A"

Jim Consolo  
Buyer

 Date 12/31/04

William A. Coleman  
Seller

 Date 12-31-04

RECEIVED

APR 12 2017

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

Clear Form

Print Form

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

ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

COVER SHEET

**USE A SEPARATE COVER SHEET FOR EACH DOCUMENT**

**\*\* ORDER COPIES USING A RECORDS REQUEST FORM \*\***

**WHAT ARE YOU FILING?**

☐ New Entity    ☐ Change to existing entity    ☒ Re-submission of rejected filing

**ENTITY NAME** - give the exact name of the corporation as currently shown in A.C.C. records:

Integrated Power Southwest, Inc.    (New Fictitious Name for foreign entity)

**EXPEDITED PROCESSING?**

☒ YES - add \$35 to the filing fee    ☐ NO - pay only the filing fee

Document filing fees are listed on the bottom of each form or on the fee schedule on our website, <http://ecorp.azcc.gov>, under the FAQs.

**PAYMENT:**

☐ MOD Account #:    Total amount to deduct:

**Cash** - do not mail cash. Cash may be used only for in-person submittals.

**Checks or money orders** - must be made payable to "Arizona Corporation Commission," with all words spelled out and no abbreviations. Checks must be completely and properly filled out, including the amount sections. UNACCEPTABLE CHECKS include: no imprinted or preprinted name and address of the account holder; no imprinted or preprinted check number; handwritten or stamped names, addresses, or check numbers; temporary checks (new accounts).

**Credit cards** - may be used for in-person submittals, and for online corporation annual reports, online name reservations, or online certificates of good standing. We accept only Visa, MasterCard, and American Express.

**REQUIRED - RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and select only ONE):**

<input checked="" type="checkbox"/> Email	Email address: jimc@ipowersys.com		
<input type="checkbox"/> Pick up	Name:	Phone:	
<input type="checkbox"/> Mail	Name:		
	Address:		
	City:	State:	Zip:
	Phone:		

**DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY ONE WEEK)**

**FOR ARIZONA CORPORATION COMMISSION USE ONLY**

PICK-UP BY: \_\_\_\_\_

DATE: \_\_\_\_\_

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