

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 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 checked="" type="checkbox"/> CLOSE CORPORATION | <input type="checkbox"/> COOPERATIVE MARKETING ASSOCIATION                             |
| <input type="checkbox"/> CORPORATION SOLE             | <input type="checkbox"/> ELECTRIC COOPERATIVE NON-PROFIT MEMBERSHIP ASSOC.             |
|   | <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:

Pilot Development, 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

- |  |   |  |
|--|---|--|
| <b>3.1</b> <input checked="" type="checkbox"/> Name in state or country of incorporation, with no changes -<br>Go to number 4. | <b>3.2</b> <input type="checkbox"/> Name in state or country of incorporation, with a corporate identifier added to it -<br>Enter the name in number 3.4 below. | <b>3.3</b> <input type="checkbox"/> 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: California

**5. DATE OF INCORPORATION IN FOREIGN DOMICILE:** May 2, 1984

**6. DURATION** - If the duration or life period of the foreign corporation is perpetual (forever), then skip this section and continue to number 7 or number 8. Otherwise, check the box below and fill in the date:

☐ The foreign corporation life period will end on this date: \_\_\_\_\_ (enter a date)

**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.

Mailbox supply and installation

<b>9. PRINCIPAL OFFICE ADDRESS - FOREIGN DOMICILE STREET ADDRESS</b> – see <i>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"/> <b>Yes</b> – go to number 11 and continue. <input type="checkbox"/> <b>No</b> – provide the Arizona physical or street address (not a P.O. Box) below:		
C T Corporation					
Attention (optional)			Attention (optional)		
818 West Seventh Street					
Address 1			Address 1		
Suite 930					
Address 2 (optional)		CA	90017		
City	Los Angeles	State	Zip		
Address 2 (optional)			State		Zip

<b>11. STATUTORY AGENT IN ARIZONA</b> – see <i>Instructions C018i</i> :					
<b>11.1 REQUIRED</b> – give the <b>name</b> (can be an individual or an entity) and <b>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):		
C T Corporation Systems					
Statutory Agent Name (required)					
Attention (optional)			Attention (optional)		
3800 North Central Avenue					
Address 1			Address 1		
Suite 460					
Address 2 (optional)		AZ	85012		
City	Phoenix	State	Zip		
Address 2 (optional)			State		Zip
<b>11.3 REQUIRED</b> – the <u>Statutory Agent Acceptance</u> 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.					
Michael G. Johnston					
Director Name			Director Name		
20650 Swalley Road					
Address 1			Address 1		
Address 2 (optional)		OR	97703		
City	Bend	State or Province	Zip		
Country	UNITED STATES		City		State or Province
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 - list the name and business address of all principal Officers of the corporation. If more space is needed, check this box <input type="checkbox"/> and complete and attach the Officer Attachment form C085.</b>							
Michael G. Johnston				Dauna L. Johnston			
Officer Name				Officer Name			
20650 Swalley Road				20650 Swalley Road			
Address 1				Address 1			
Address 2 (optional)		OR	97703	Address 2 (optional)		OR	97703
Bend				Bend			
City	UNITED STATES	State or Province	Zip	City	UNITED STATES	State or Province	Zip
Country				Country			
Date taking office (optional):		Officer title:		Date taking office (optional):		Officer title:	
		President/CEO				Secretary	
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 Stock Series: 4667 Total: 4667  
 Class: \_\_\_\_\_ Series: \_\_\_\_\_ Total: \_\_\_\_\_

- 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 Stock Series: 4667 Total: 4667  
 Class: \_\_\_\_\_ Series: \_\_\_\_\_ Total: \_\_\_\_\_

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

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

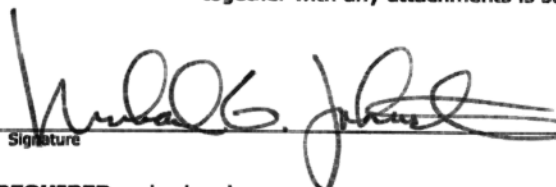
- 17. PROFESSIONAL CORPORATIONS ONLY – PROFESSIONAL SERVICES** – if "professional corporation" is checked in number 1, briefly describe the type of professional services the corporation will render (examples: accounting, medical, law firm):

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

By the signature appearing on this document, the foreign professional corporation certifies under penalty of law 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 law* that this document together with any attachments is submitted in compliance with Arizona law.

 ☒ I ACCEPT  
 Michael G. Johnston  
 Signature Printed Name Date 05/15/2020

**REQUIRED – check only one:**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I am the <b>Chairman of the Board of Director</b> of the corporation filing this document.	I am a duly-authorized <b>Officer</b> of the corporation filing this document.	I am a duly authorized <b>Bankruptcy trustee, receiver, or other court-appointed fiduciary</b> for the corporation filing this document.	I am an <b>incorporator</b> , directors have not been selected or the corporation has not been formed.

**Expedited or Same Day/Next Day services are available for an additional fee – see Instructions or Cover sheet for prices.**

Filing Fee: \$175.00 (regular processing) All fees are nonrefundable – see Instructions.	Mail: Arizona Corporation Commission - Examination Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100
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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.

**CERTIFICATE OF DISCLOSURE***Read the Instructions C003i***1. ENTITY NAME** – give the exact name of the corporation in Arizona:Pilot Development, Inc.**2. FELONY/JUDGMENT QUESTIONS:**

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

- |            |  |                              |  |
|------------|--|------------------------------|--|
| <b>2.1</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>2.2</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>2.3</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:<br>a. The violation of fraud or registration provisions of the securities laws of that jurisdiction;<br>b. The violation of the consumer fraud laws of that jurisdiction;<br>c. The violation of the antitrust or restraint of trade laws of that jurisdiction? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

- 2.4** If any of the answers to numbers 2.1, 2.2, or 2.3 are **YES**, you **MUST** complete and attach a Certificate of Disclosure Felony/Judgment Attachment form C004.

**3. BANKRUPTCY QUESTION:**

- |            |   |                              |  |
|------------|---|------------------------------|--|
| <b>3.1</b> | Has any person (a) who is currently an officer, director, trustee, incorporator, or (b) who controls or holds over twenty percent of the issued and outstanding common shares or twenty percent of any other proprietary, beneficial or membership interest in the corporation, served in any such capacity or held a twenty percent interest in <b>any other corporation</b> (not the one filing this Certificate) on the bankruptcy or receivership of the <b>other corporation</b> ? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
|------------|---|------------------------------|--|

- 3.2** If the answer to number 3.1 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 percent of the issued and outstanding shares or ten percent 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.

Michael G. Johnston

Name

20650 Swalley Road

Address 1

Address 2

Bend

OR

97703

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 law* that this document together with any attachments is submitted in compliance with Arizona law.

☒ I ACCEPT

Signature

Michael G. Johnston

Printed Name

06/05/2020

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.

Dauna L. Johnston

Name

20650 Swalley Road

Address 1

Address 2

Bend

OR

97703

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 law* that this document together with any attachments is submitted in compliance with Arizona law.

☒ I ACCEPT

Signature

Dauna L. Johnston

Printed Name

06/05/2020

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.

**Expedited or Same Day/Next Day services are available for an additional fee - see Instructions or Cover sheet for prices.**

Filing Fee: None

All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission - Examination Section  
1300 W. Washington St., Phoenix, Arizona 85007

Fax: 602-542-4100

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1306360

FILED

In the office of the Secretary of State  
of the State of California

MAY - 2 1984

MARCH FONG EU, Secretary of State

By Carmelle M. Guy  
Deputy

ARTICLES OF INCORPORATION  
OF  
PILOT DEVELOPMENT, INC.

ONE: The name of this corporation is PILOT DEVELOPMENT, INC.

TWO: The purpose of this corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of California other than the banking business, the trust company business, or the practice of a profession permitted to be incorporated by the California Corporations Code.

THREE: The name and address in this State of the corporation's initial agent for service of process are:

Charles D. Kimbell  
317 East Carrillo Street, Suite 100  
Santa Barbara, California 93101

FOUR: The total number of shares which the corporation is authorized to issue is ten thousand (10,000).

Dated: May 1, 1984.

  
Paul A. Graziano,  
Incorporator

I hereby declare that I am the person who executed the foregoing Articles of Incorporation which execution is my act and deed.

  
Paul A. Graziano



I hereby certify that the foregoing  
transcript of 1 page(s)  
is a full, true and correct copy of the  
original record in the custody of the  
California Secretary of State's office.

MAY 23 2020

Date: FSB

*Alex Padilla*

ALEX PADILLA, Secretary of State





**Secretary of State**  
**Business Programs Division**  
 Business Entities - Records, P.O. Box 944260, Sacramento, CA 94244-2600

Date: May 23, 2020

Employee Initials: FSB

RE: PILOT DEVELOPMENT, INC.

C1306360; REGARDING AMENDMENTS REQUEST

This is response to your request for information.

- ☐ There is no record of the entity you requested.
- ☒ There is no record of the filing you requested.
- ☐ The information requested is not available. The entity has not filed a Statement of Information.
- ☐ The information requested is not available. Only corporations and limited liability companies are required to file a Statement of Information.
- ☐ The information requested is not made of record with the California Secretary of State.
- ☐ The information requested is not made of record as a business entity with the California Secretary of State.
- ☐ The California Corporations Code authorizes the California Secretary of State to destroy a Statement of Information after a new statement is filed. The California Secretary of State retains the two most recently filed complete statements or the most recently filed complete and no change statements. Therefore, all previously filed statements may not be available for reproduction.
- ☐ The California Secretary of State has no record of a general partnership by the name stated in your request. General partnerships may record their partnership agreement with the county in which the principal place of business is located. For county locations, go to Government Links at [www.ca.gov](http://www.ca.gov).
- ☐ The California Secretary of State has a record of one or more entities with the same or similar name. A list including the entity name(s) is enclosed. Please resubmit your request identifying the exact entity name and number to which your request applies, along with any applicable fees.
- ☐ Enclosed is a Certificate of Status certifying to the status of the entity. A Certificate of Qualification or Certificate of Registration, issued to a foreign entity at the time of qualification or registration with the California Secretary of State, cannot be reproduced or reissued.
- ☐ Bylaws or Articles of Association (or any amendments to those documents) are not filed with the California Secretary of State. Requests for this information should be directed to the entity itself.
- ☐ Fictitious business names may be filed with the county in which the principal place of business is located. For more information, go to the Government Links at [www.ca.gov](http://www.ca.gov).
- ☐ The information requested is not available from the California Secretary of State.

For more information, go to [www.sos.ca.gov/business/be/information-requests.htm](http://www.sos.ca.gov/business/be/information-requests.htm).

# State of California

## Secretary of State

### CERTIFICATE OF STATUS

ENTITY NAME:

PILOT DEVELOPMENT, INC.

FILE NUMBER: C1306360  
FORMATION DATE: 05/02/1984  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 13, 2020.

ALEX PADILLA  
Secretary of State

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 Articles of Incorporation):

Pilot Development, 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:

C T Corporation System

**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.

*Kimberly Steinmetz*

Kimberly Steinmetz, Vice President/Asst. Secretary

06/02/2020

Signature

Printed Name

Date

**REQUIRED** – check only one:

<input type="checkbox"/> <b>Individual as statutory agent:</b> I am signing on behalf of myself as the individual (natural person) named as statutory agent.	<input checked="" type="checkbox"/> <b>Entity as statutory agent:</b> I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity.
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**Expedited or Same Day/Next Day services are available for an additional fee – see Instructions or Cover sheet for prices.**

Filing Fee: none (regular processing)  
All fees are nonrefundable - see Instructions.

Mall: Arizona Corporation Commission - Examination Section  
1300 W. Washington St., Phoenix, Arizona 85007  
Fax: 602-542-4100

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