

Secretary of State

LLC-5

Application to Register a Foreign Limited **Liability Company (LLC)**

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed.

Filing Fee - \$70.00

Certified Copy Fee (Optional) - \$5.00

For Office Use Only

-FILED-

File No.: 202464211427 Date Filed: 10/9/2024

California Franchise Tax Board each year. For more information, go https://www.ftb.ca.gov/.		This Space F	or Office l	Jse Oniy	,
1a. LLC Name (Enter the exact name of the LLC as listed on your attach	ed Certificate of Good	Standing.)			
SH1 Ho	ldCo LLC	, , , , , , , , , , , , , , , , , , ,			
·				·	
1b. California Alternate Name, if Required (Only enter an altern	nate name If the LLC n	ame in 1a not available i	n California.	}	
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attache	d Certificate of Good S	Standing.)			
a, Jurisdiction (State, foreign country or place where this LLC is formed.)	· · · · · · · · · · · · · · · · · · ·				
Dela	aware				
b. Authority Statement (Do not alter Authority Statement)					
This LLC currently has powers and privileges to conduct busi	ness in the state,	foreign country or pl	lace enter	ed in Ite	m 2a.
3. Business Addresses (Enter the complete business addresses.)	tems 3a and 3b canno	ot be a P.O. Box or "in ca	re of an ind	ividual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviation	City (no abbreviations)		Zip Code	
5101 NE 82nd Avenue, Suite 200	Va	ancouver	WA	98662	
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box City		City (no abbreviations)		Zlp Code	
			CA		
c. If the Mailing Address is the same as Item 3a or 3b, check the applicable box:	⊠ 3a □ 3b				
d. Mailing Address - if different than item 3a or 3b City (no ab		brevlations)		Zip Cod	te
	<u> </u>			<u> </u>	<u>. </u>
4. Service of Process (Must provide either Individual OR Corporation					
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's fu					1
a. California Agent's First Name (If agent is not a corporation)	Middle Name	Last Name			Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviation	ons)	State	Zip Cod	.l de
		,	CA	1.	
CORPORATION - Complete Item 4c only. Only include the name of the	e registered agent Co	rporation.	1		· · · · ·
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do	not complete Item 4a or	4b			
Cogency	Global Inc.				
5. Read and Sign Below (Title not required.)					
By signing, I affirm under penalty of perjury that the information	on herein is true a	nd correct and that i	am autho	rized to	sign
on behalf of the foreign CEC			Ph. 46 -		
		Christopher Belford			
Signature	Type and	nd Print Name			

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SH1 HOLDCO LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE NINTH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SH1 HOLDCO LLC"

WAS FORMED ON THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

e at corn delaware gov/auti

Authentication: 204590221

Date: 10-09-24

7076558 8300 SR# 20243903059