RI SOS Filing Number: 200944670860 Date: 03/27/2009 11:00 AM

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

CERTIFICATE OF CORRECTION

Pursuant to the provisions of Section 7-1.2-105 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation hereby submits the following Certificate of Correction:

1. The name of the corporation is:
   T N & Associates, Inc.

2. The document to be corrected is **Application for Certificate of Authority**

3. The document being corrected was originally filed on **9/18/2006**

4. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgement:

   # 9 on Form - Par value of shares was incorrectly recorded as $10,000

5. The corrected portion of the document states as follows:
   #9 - Par Value of shares should be recorded as no par value

6. The document attached to this certificate is the corrected document.

7. This Certificate of Correction shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing _____

Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: **3/24/09**

Heather Cotey
Signature of Authorized Officer of the Corporation

Heather Cotey
Type or Print Name of Authorized Officer

Form No. 113
Revised: 12/05

FILED
MAR 27 2009
By _____

11:00

Filing and License Fee: $310.00 minimum **ID Number:** _____

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is **T N & Associates, Inc.**

2. It is incorporated under the laws of **Wisconsin**

3. The name, if different, which it elects to use in Rhode Island is:

   (a) *If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:*

   (b) *If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:*

4. The date of its incorporation is August 15, 1989 and the period of its duration is Perpetual

5. The address of its principal office in the state or country under the laws of which it is incorporated is
   1033 N. Mayfair Road, Suite 200, Milwaukee, WI 53226

6. The address of its proposed registered office in Rhode Island is 222 Jefferson Blvd., Suite 200
   (Street Address, **not** P.O. Box)
   Warwick, RI 02888 and the name of its proposed registered agent in Rhode Island at
   (City/Town) (Zip Code)
   that address is National Registered Agents, Inc.
   (Name of Agent)

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
   Civil and Environmental Consulting Engineering

8. (a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

	Name	*Address*
Director	Yu-Hwa T. Ni	1033 N. Mayfair Road, Suite 200, Milwaukee, WI 53226
Director		
Director		
Director		

Form No. 150
Revised: 12/05

FILED 11:00
MAR 27 2009
By

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

	Name	*Address*
President	Yu-Hwa T. Ni	1033 N. Mayfair Road, Suite 200, Milwaukee, WI 53226
Vice President	N/A	
Treasurer	Maribelle Wiedoff	1033 N. Mayfair Road, Suite 200, Milwaukee, WI 53226
Secretary	Heather Cotey	1033 N. Mayfair Road, Suite 200, Milwaukee, WI 53226

9. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value or Statement that Shares are without Par Value
12,000,000	Common		NO PAR VALUE

10. (a) An estimate of the value of all property to be owned by the corporation for the following year, wherever located, is $ 360,000 .

(b) An estimate of the value of the corporation's property to be located within Rhode Island during the following year is $ 0 .

(c) An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located, is 0 %. [*divide (b) by (a) and multiply by 100 to obtain the percentage*].

11. (a) An estimate of the gross amount of business to be transacted by the corporation during the following year is $ 36,000,000 .

(b) An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year is $ 2,000,000 .

(c) An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year is 5.6 % [*divide (b) by (a) and multiply by 100 to obtain the percentage*].

12. This application is accompanied by a certificate of Good Standing issued by the proper officer of the state or country under the laws of which it is incorporated.

13. This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 3/24/09

Heather Cotey

Signature of Authorized Officer of the Corporation

Heather Cotey

Type or Print Name of Authorized Officer

State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

March 27, 2009 11:00 AM

A. RALPH MOLLIS

Secretary of State

32001-12-343437