

Filing and License Fee: \$310.00 minimum



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Division of Business Services
148 W. River Street
Providence, Rhode Island 02904-2615

2013 OCT 10 AM 11:52
SECRETARY OF STATE
CORPORATIONS DIV

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 Inter-Fluve, Inc.
2. It is incorporated under the laws of Montana
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 02/06/1984 and the period of its duration is perpetual
5. The address of its principal office is 501 Portway Avenue, Suite 101, Hood River, Oregon 97031
6. The address of its proposed registered office in Rhode Island is 222 Jefferson Boulevard (Street Address, not P.O. Box) Warwick, RI 02888 and the name of its proposed registered agent in Rhode Island at that address is National Corporate Research, Ltd. (Name of Agent)
7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: perform river and stream restoration services
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
Director
Director
Director

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(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).

	<u>Name</u>	<u>Address</u>
President	<u>Lon Mikkelsen</u>	<u>501 N Portway, #101, Hood River, OR 97031</u>
Vice President	<u>Greg Koonce</u>	<u>501 N Portway, #101, Hood River, OR 97031</u>
Treasurer	<u>David Reeves</u>	<u>PO Box 1892, Bozeman, MT</u>
Secretary	<u>David Reeves</u>	<u>PO Box 1892, Bozeman, MT</u>

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:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value or Statement that Shares are without Par Value</u>
<u>50000</u>			<u>share have no par value</u>

10. (a) \$ 183,900 = An estimate of the value of all property to be owned by the corporation for the following year, wherever located.
- (b) \$ 0 = An estimate of the value of the corporation's property to be located within Rhode Island during the following year.
- (c) 0.00 % = 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. {divide (b) by (a) and multiply by 100 to obtain the percentage}
11. (a) \$ 6,000,000 = An estimate of the gross amount of business to be transacted by the corporation during the following year.
- (b) \$ 10,000 = 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.
- (c) 0 % = 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. {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: 7/16/2013



Signature of Authorized Officer of the Corporation

David Reeves, CFO

Type or Print Name of Authorized Officer

besa13196215856345901-e-d058134

SECRETARY OF STATE STATE OF MONTANA

CERTIFICATE OF EXISTENCE

I, Linda McCulloch, Secretary of State of the State of Montana, do hereby certify that

INTER-FLUVE, INC.

duly filed its Articles of Incorporation in this office on 6 February 1984, and on that date was created a body politic and corporate.

I further certify that all fees reflected in the records of the Secretary of State have been paid by said corporation and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said corporation and my records indicate the corporation is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 16 July 2013 .

LINDA MCCULLOCH
Secretary of State
Certified File Number: D058134

2013 OCT 10 AM 11:05
SECRETARY OF STATE
CORPORATIONS DIV



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:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

