Filing Fee: \$150.00



Form No. 450 Revised: 07/12

### 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

### LIMITED LIABILITY COMPANY

2014 JUN 12 PH 12: 04

## **APPLICATION FOR REGISTRATION**

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1.	The name of the limited liability company is:				
	Prana Living, LLC				
	This company has been duly organized in its state of form	mation as a low-profit limited liability compa	ny. (Check box if applicable)		
2.	The name, if different, under which it proposes to register and transact business in Rhode Island is:				
3.	The limited liability company is organized under the	<del> </del>			
4.	. The date of its organization is 0892011				
5.	The period of duration of the limited liability compan		tual		
6.	The address of the limited liability company's resident agent in Rhode Island is:				
	222 Jefferson Boulevard, Suite 200	Warwick	. RI 02888		
	(Street Address, not P.O. Box)	(City/Town)	(Zip Code)		
	and the name of the resident agent at such address	s is Corporation Service Company			
		(Name of	Agent)		
7.	The secretary of state is appointed the agent of the time there is no resident agent or if the resident age diligence.				
8.	The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:				
	14375 NW Science Park Drive, Portland OR 97229				
	Congress of the Congress of th				
9.	The mailing address for the limited liability company	is:			
	c/o Columbia Sportswear Company, 14375 NW Science	e Park Drive, Portland OR 97229			
	· · · ·	FILED			

JUN 12 2014

10.	ı	Management of the Limited Lia	ability Company (check <u>one</u> only):		
A	۹	The limited liability company is No. 11 – DO <u>NOT</u> LIST ANY N	to be managed  by its members. (If you have checked this box, go to item  IAMES IN SECTION B.)		
	<u>or</u>				
E	3. The limited liability company is to be managed by one (1) or more managers. (If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)				
		Manager	<u>Address</u>		
-					
-		**************************************			
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11.	This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.				
12.	. The date this Application for Registration is to become effective, if later than the date of filing, is:				
	(not prior to, nor more than 30 days after, the filing of this Application for Registration)				
			Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments and that all statements contained herein are true and correct.		
Date:	. 06	5/06/2014	Prana Living, LLC		
	_		Print Exact Name of Limited Liability Company Making Application		
			By Pichelly Kuther		

### **CERTIFICATE**

# State of Oregon

# OFFICE OF THE SECRETARY OF STATE Corporation Division

I, KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

#### PRANA LIVING, LLC

a Limited Liability Company
organized under the laws of
Delaware
was authorized to transact business in Oregon on
August 9, 2011.

Articles of Conversion
were filed on June 4, 2014
converting it to an
Oregon Limited Liability Company

under the
Oregon Limited Liability Company Act

and changing its name to

PRANA LIVING, LLC

I further certify that

PRANA LIVING, LLC

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.

KATE BROWN, Secretary of State

June 9, 2014



### 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. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

