



## 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

## APPLICATION FOR TRANSFER OF AUTHORITY

Waukesha-Pearce Industries, Inc.
(Insert full name of the entity following the transfer)
SECTION 1: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY
Pursuant to the applicable provisions of the Rhode Island General Laws, 1956, as amended, the undersigned duly qualified foreign (check one box only).
Non-Profit Corporation or Business Corporation or Limited Liability Company or
Limited Partnership or Limited Liability Partnership
submits the following Application for the purpose of transferring its authority to a (check one box only):
Limited Partnership or
Limited Liability Partnership or Non-Profit Corporation  Non-Profit Corporation
a. The name of the entity filing this application for transfer is:  Waukesha-Pearce Industries, Inc.
b. The date on which the entity filing this application qualified to conduct business in the State of Rhode Bland?
c. The jurisdiction upon transfer of authority.  Texas
d. The name of the entity following the transfer of authority is:
Waukesha-Pearce Industries, LLC
e. The application for transfer is filed as an accompanying certificate to the certificate of registration for a limited partnership or application for registration for a limited liability company or application for certificate of authority for a business corporation or application for certificate of authority for a non-profit corporation or notice of registration for a registered limited liability partnership (check one box only).
f. The application for transfer is accompanied by a certificate of good standing or legal existence issued by the proper officer of the state or country under the laws of which it is incorporated.
Form 612 05/12 SEP 1 5 2017

BY Ca 312613

## SECTION II: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY

Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for Transfer of Authority, including any accompanying attachments, and that all statements contained herein are true and correct and that the undersigned is authorized to sign this certificate on behalf of the entity set forth in Section 1A.

Date: 5/30//7		
Print Name of Other Entity	_ <u>OR</u>	Print Name of Partnership
By. Signature of Authorized Person	_	By Signature of Partner
By: Signature of Authorized Person		By:Signature of Partner
		By:Signature of Partner
		Waukesha-Pearce Industries, LLC
Print Name of Corporation	<u>OR</u>	Print Name of Limited Liability Company
By:Signature of Authorized Person	_	By: HHD MULLI Signature of Authorized Person
By:Signature of Authorized Person		By:Signature of Authorized Person
Print Name of Corporation  By:  Signature of Authorized Person	- <u>OR</u>	Signature of Partner  By:  Signature of Partner  Waukesha-Pearce Industries, LLC  Print Name of Limited Liability Compa