



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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2020 JUN 18 PM 12:00:00

ON
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Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, 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:

Red Lion Hotels Franchising, Inc.

2. It is incorporated under the laws of:

Washington

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: **12/24/1986**

And the period of its duration is: **CHECK ONE BOX ONLY**

☒ Perpetual (on-going)

☐ Date certain for dissolution _____

5. The address of its principal office is:

1550 Market Street #425 Denver, CO 80202

6. The name and address of the initial registered agent/office in Rhode Island:

Agent Name **Corporate Creations Network Inc.**

Street Address (NOT a P.O. Box) **10 Dorrance Street #700**

City/Town **Providence**

State **RHODE ISLAND**

Zip Code **02903**

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

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STAMP

FOR
SECRETARY OF STATE
R.I. DEPT. OF STATE

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

Hotel Franchising

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
John Russell	1550 Market Street #425 Denver, CO 80202
Gary Kohn	1550 Market Street #425 Denver, CO 80202
Judi Jarvis	1550 Market Street #425 Denver, CO 80202

Check the box to indicate an attachment ☐

8. (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):

OFFICE	NAME	ADDRESS
PRESIDENT	John Russell	1550 Market Street #425 Denver, CO 80202
VICE PRESIDENT	Julie Langenheim	1550 Market Street #425 Denver, CO 80202
TREASURER	Gary Kohn	1550 Market Street #425 Denver, CO 80202
SECRETARY	Judi Jarvis	1550 Market Street #425 Denver, CO 80202

Check the box to indicate an attachment ☐

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 STATE NO PAR VALUE
105,263	Common		\$.01

10. An estimate, **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. (Note: Percentage obtained from worksheet.)

0 _____ %

11. An estimate, **as a percentage**, of the proportion 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 compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

0 _____ %

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

13. Date when the Certificate of Authority will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of 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.

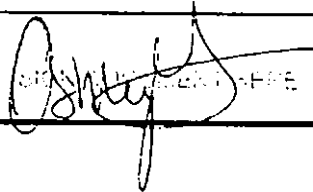
Type or Print Name of Authorized Officer

Ashley Goldsmith, Attorney-in-Fact

Date

6/15/2020

Signature of Authorized Officer of the Corporation



Limited Power of Attorney

The undersigned officer of Red Lion Hotels Franchising, Inc., a Washington entity ("the Company"), appoints Ashley Goldsmith as attorney in fact(s) for the Company and its subsidiaries for the limited purposes authorized in this Limited Power of Attorney. Nick Nichols, Special Secretary grants to the attorney in fact the power to execute the documents necessary to change the registered agent, change of address, amendments, fictitious name registrations, fictitious name renewals, qualifications, annual reports, amended annual reports, initial reports, obtain tax clearance/compliance certificate(s), withdraw, dissolve, reinstate, convert or form the Company and its subsidiaries. The named individuals shall act in such office and with such authority as is required to effect the changes contemplated in this Limited Power of Attorney.

This Limited Power of Attorney expires on the earlier of (a) the filing of change of registered agents and/or change of address and/or amendments and/or fictitious name registrations and/or fictitious name renewals and/or qualifications and/or annual reports and/or amended annual reports and/or initial reports and/or withdraw and/or dissolve and/or formations and/or reinstate for the Company and its subsidiaries or (b) six months after the Effective Date set forth below. The Company may revoke this Power of Attorney at any time by written notice to Computershare Governance Services Inc. d/b/a Corporate Creations, 801 US Highway 1 North Palm Beach, FL 33408.

The undersigned has executed this Limited Power of Attorney effective as of this 18th day of June 2020.

Red Lion Hotels Franchising, Inc.


By: 

Name: Nick Nichols

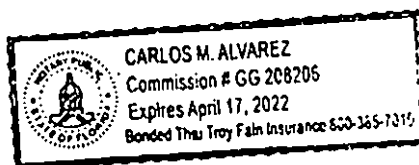
Title: Special Secretary

STATE OF FLORIDA
COUNTY OF PALM BEACH

Subscribed and sworn to before me this 18th day of June 2020.



Notary Public



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UNITED STATES OF AMERICA

The State of Washington



Secretary of State

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I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

RED LION HOTELS FRANCHISING, INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 12/24/1986.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 06/17/2020
UBI Number: 601 043 993



Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Date Issued: 06/17/2020



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, 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:

June 18, 2020 12:00 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

