



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

ON SITE FIELD INVESTIGATIONS

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
JAMES SHARP	3750 WEST 500 SOUTH, SALT LAKE CITY, UT 84104
SETH PEARLMAN	3750 WEST 500 SOUTH, SALT LAKE CITY, UT 84104
MARC LACAZEDIEU	3750 WEST 500 SOUTH, SALT LAKE CITY, UT 84104

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	JAMES SHARP	3750 WEST 500 SOUTH, SALT LAKE CITY, UT 84104
VICE PRESIDENT	BRUCE MILLER	1335 LOUIS AVE., ELK GROVE VILLAGE, IL 60007
TREASURER	IAN LUU	3750 WEST 500 SOUTH, SALT LAKE CITY, UT 84104
SECRETARY		

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
1000	1		1000

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.*

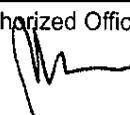
Type or Print Name of Authorized Officer

Ian Luu, Treasurer

Date

04/04/2023

Signature of Authorized Officer of the Corporation



UNITED STATES OF AMERICA

The State of Washington



Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

CONETEC, 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 01/19/1988.

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: 03/30/2023  
UBI Number: 601 065 009



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

*Steve R. Hobbs*

Steve R. Hobbs, Secretary of State

Date Issued: 03/30/2023