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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Entity Nume)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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FILED
SECRETARY OF STATE
DIVISION OF CURPORATIONS

COVER LETTER

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TO: New Filing Section Division of Corporations	নামানি কিন্তু প্ৰায়ত পালায় ১০ চ				
SUBJECT: Aluminum Products, Inc.					
(Name of corpor	ration - múst include suffix)				
Dear Sir or Madam:					
The enclosed "Application by Foreign Corporation "Certificate of Existence," and check are submitted transact business in Florida.	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to				
Please return all correspondence concerning this ma	atter to the following:				
Mally Mc	Carther				
	e of Person)				
Aluninua	1 Products Inc.				
	/Company)				
P.O. BOX	P.O. BOX 6322				
	Address)				
Spokane, W	A 99217				
(City/St	A 99217 ate and Zip code)				
, •	•				
For further information concerning this matter, plea	se call:				
Molly at (509) 484-6400					
(Name of Person) (Area Code & Daytime Telephone Number)					
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
Enclosed is a check for the following amount:					
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy				
	• •				

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc ," "Co ," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607 1501 & 607 1502, F.S., to determine penalty liability) (Principal office address) Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee , Florida 32301 (City) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Corporation Service Company Ann R. Shilling, Assistant VP

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12.	Names	and	business	addresses	of	officers	and/or	directors:
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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

A. DIRECTORS	UIVISION OF CORPORATIONS
Chairman:	07 NOV 16 PM 4:15
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
Address: E 2200 PM AVE Vice President: DOUGLAS G SONNE Address: E 2200 PM AVE	porv
Secretary: DOUGLAS G Sannebox Address: E 2206 17th Ave	SPOKANO, WA 99203
Treasurer: Douglas G Sonnebor	
Address: E 2200 Hm AVE	Spokane, WAT 99203
13 Ofomm MM	application listing additional officers and/or directors
(Signature of Director or Officer lis	ted in number 12 of the application)
14. DOWN AS SONNE DOWN (Typed or printed name and capacity)	city of person signing application)



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF ALUMINUM PRODUCTS, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 10/11/1976.

I FURTHER CERTIFY that as of the date of this certificate, ALUMINUM PRODUCTS, INC.

remains active and has complied with the filing requirements of this office.

Date: November 5, 2007

UBI: 600-221-815

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

Sam Reed, Secretary of State