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SECRETARY OF STATE

#### **COVER LETTER**

TO: New Filing S Division of C				
SUBJECT:	CH20	Inc.		
	Nat	me of corporation - m	ust include suffix	
Dear Sir or Madam:				
	nce," or "Certific	ate of Good Standing	horization to Transact Busin "and check are submitted to la.	
Please return all corre	spondence conc	erning this matter to t	he following:	
,	Mary K	erker		
		Name of Pers	on	
	CHZO.	Inc.		
	······································	Firm/Compan	y	
	8820	old Hwy	995E 985Ø1 Cip code . COM	
		Address		, 4
	014 m	oia WA	98501	200 SE SE
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	m kerke	r @ ch2o	. COM	OCT -9 CRETARY AHASSE
For further information			uture annual report notificat	E. P.
Mary	Kerker	at (360)	943 - 6 0 63 e & Daytime Telephone Nur	2: 22 ORIDA
ivaine of Feis	SOII	Alea Couc	e & Daytime Telephone Nur	iibei
New Filing Son Division of C Clifton Buildi	orporations ing ve Center Circle	ESS:	MAILING ADDRES New Filing Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 3231	ons
Enclosed is a check fo	or the following a	amount:		
\$70.00 Filing Fee		_	Certified CopCe	7.50 Filing Fee, rtificate of Status & ertified 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.

1. <u>CH2</u>	O, Inc.				
	rporation; must include "I rp," "Inc," "Co," or "Corp.		o," "COMPA	NY," "CORPORATION,"	
,					
	·····				
				the purpose of transacting busi	
2. <u>Wasi</u>	hington	3	·	91 - <i>0990393</i> (FEI number, if applicable	
4. 4/2	P / 77	5	. Duration	Year corp. will cease to exist	or "marmatual"
					or "perpetual")
6	10/1/09 Date first tra	neacted business	in Florida if	prior to registration)	
	(SEE SECTIONS	607.1501 & 607.1	1502, F.S., to	determine penalty liability)	
7. 8	820 Old	Hwy 9	9 SE	Olympia, WA	98501
	(F	rincipal office ad	dress)		
	sam	e			
	(C	urrent mailing ad	dress)		
ع. <i>د</i> ه	re of wat	er treati	ment c	hemicals	2009/OCT - SEGRETAR TALLAHASS
				arried out in state of Florida)	OCT -9
9. Name and street	address of Florida regis	tered agent: (P.	O. Box <u>NO</u>	_acceptable)	A#
					m <sub>€</sub> <b>6</b>
	<u>In Corp</u> 17888	Services 67th Cou	Inc. ut Nov	tls	9 PM 2:
		Services 67th Cou	Inc. ut Nov	tls	9 PM

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.

(Registered agent's signature)

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.

#### CH<sub>2</sub>O, INC Owner/Officer Information

McNamara, Anthony J. 8820 Old Hwy 99 SE Olympia, WA 98501 (360)943-6063

President

Prindle, Joyce A. 8820 Old Hwy 99 SE Olympia, WA 98501 (360)943-6063

Vice President

Kerker, Mary R 8820 Old Hwy 99 SE Olympia, WA 98501 (360)943-6063

Treasurer

Adams, Carol A 8820 Old Hwy 99 SE Olympia, WA 98501 (360)943-6063 Owner/Secretary

Iverson, Carl E 8820 Old Hwy 99 SE Olympia, WA 98501 (360)943-6063 Owner/CEO

Iverson, Tom J 8820 Old Hwy 99 SE Olympia, WA 98501 (360)943-6063 Owner/VP-Sales

Zuniga, Marcia M 8820 Old Hwy 99 SE Olympia, WA 98501 (360)943-6063 Owner/Director

SECRETARY OF STATE.

2. Names and business addresses of officers and/or directors:	sec	attached
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## A. DIRECTORS Chairman: \_\_\_ Address: \_\_\_\_ Vice Chairman: Address: Director: \_\_ Address: Director: \_\_\_ Address: **B. OFFICERS** President: Address: \_\_\_\_\_ Vice President: Address: \_\_\_\_ Secretary: Address: Treasurer: \_\_ Address: \_\_\_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. Mary Kerker as Treasurer CH2O, Inc. (Signature of Director or Officer listed in number 12 of the application) 14. Mar y ker-ker (Typed or printed name and capacity 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** 

CH20, 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 4/20/1977.

I FURTHER CERTIFY that as of the date of this certificate, CH20, INC. remains tive and has complied with the filing requirements of this office.

Date: September 22, 2009

UBI: 600-229-922

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

Sam Reed, Secretary of State



THE PARTY.