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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Avista Corporation - Applying to do business in Florida as a foreign corporation

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Susan Y. Fleming

Name of Person

Avista Corporation

Firm/Company

1411 E. Mission Ave. (MSC-10)

Address

Spokane, WA 99202

City/State and Zip code

sue.fleming@avistacorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sue Fleming at (509) 495-4140

Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, 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.

1. Avista Corporation
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

Avista Utilities Company
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Washington 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 15, 1889 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1411 E. Mission Ave. Spokane, WA 99202
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

10/11/21

9. 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.

James D. Martin James D. Martin - Assistant Secretary
(Registered agent's signature)

10. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: Dennis P. Vermillion
 Vice Chairman Address: 1411 E. Mission Ave.
 Director Spokane, WA 99202
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Gregory C. Hesler
 Vice Chairman Address: 1411 E. Mission Ave.
 Director Spokane, WA 99202
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Scott L. Morris
 Vice Chairman Address: 1411 E. Mission Ave.
 Director Spokane, WA 99202
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Mark T. thies
 Vice Chairman Address: 1411 E. Mission Ave.
 Director Spokane, WA 99202
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Susan Y. Fleming
 Vice Chairman Address: 1411 E. Mission Ave.
 Director Spokane, WA 99202
 President _____
 Vice President _____
 Secretary Treasurer
 Other Asst. Secretary Other _____

Chairman Name: Kristianne Blake
 Vice Chairman Address: 1411 E. Mission Ave.
 Director Spokane, WA 99202
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Susan Y. Fleming
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Susan Y. Fleming, Assistant Corporate Secretary
 (Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

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

CERTIFICATE OF EXISTENCE

OF

AVISTA CORPORATION

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 03/15/1889.

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: 06/05/2020
UBI Number: 328 000 223

2020 JUN 11 11:27



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

Kim Wyman, Secretary of State

Date Issued: 06/05/2020