

F25000002266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

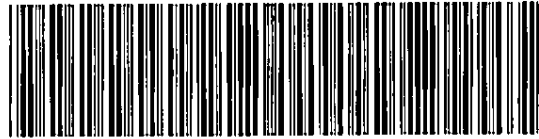
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2025 APR 16 PM 12:19

APPROVED
AND
FILED

2025 APR 16 PM 4:09

APR 16 2025

K. Brumley

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 04/16/2025

Acc#I20160000072

en: c DW

Name:	Cascade Natural Gas Corporation
Document #:	
Order #:	16266241

Certified Copy of Arts & Amend:	☐		
Plain Copy:	☐		
Certificate of Good Standing:	☐		
Certified Copy of	☐		
Apostille/Notarial Certification:	☐	Country of Destination:	
		Number of Certs:	

Filing: ☒	Certified: ☒	Email Address for Annual Report Notifications:
Plain: ☐		
COGS: ☐		

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **78.75**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cascade Natural Gas 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:

Trinette Lipp

Name of Person

MDU Resources Group, Inc.

Firm/Company

1200 West Century Ave

Address

Bismarck, ND 58503

City/State and Zip code

trinette.lipp@mduresources.com

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

For further information concerning this matter, please call:

Trinette Lipp

at (701) 5301032

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. Cascade Natural Gas Corporation
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co." or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Washington 3. 91-0599090
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01-02-1953 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. 8113 West Grandridge Boulevard, Kennewick, WA 99336-7166
(Principal office street address)
- _____
(Current mailing address, if different)

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation FL 33324
(City) (Zip code)

APPROVED
AND
FILED
2025 APR 16 PM 4:09

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.

C T Corporation System

By: Stephanie Hume
(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: Anthony D. Foti
☐ Vice Chairman Address: _____
☒ Director 1200 West Century Ave
☐ President Bismarck, ND 58503
☐ Vice President _____
☒ Secretary ☐ Treasurer
☒ Other CLO ☐ Other _____

☒ Chairman Name: Nicole A. Kivisto
☐ Vice Chairman Address: _____
☒ Director 1200 West Century Ave
☐ President Bismarck, ND 58503
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

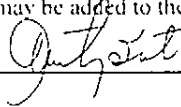
☐ Chairman Name: Garret Senger
☐ Vice Chairman Address: _____
☒ Director 1200 West Century Ave
☐ President Bismarck, ND 58503
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Chief Util. Off. ☐ Other _____

☐ Chairman Name: Jason L. Vollmer
☐ Vice Chairman Address: _____
☒ Director 1200 West Century Ave
☐ President Bismarck, ND 58503
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CFO ☐ Other _____

☐ Chairman Name: Dyke Boese
☐ Vice Chairman Address: _____
☐ Director 1200 West Century Ave
☐ President Bismarck, ND 58503
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Chief Inf. Off. ☐ Other _____

☐ Chairman Name: Brent Miller
☐ Vice Chairman Address: _____
☐ Director 1200 West Century Ave
☐ President Bismarck, ND 58503
☐ 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. 
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. Anthony Foti, Chief Legal Officer and Corporate Secretary

(Typed or printed name and capacity of person signing application)

11.A. DIRECTORS Continued

Patrick C. Darras	Vice President – Engineering, Operations & Compliance 1200 West Century Ave Bismarck ND 58503
Hart Gilchrist	Vice President – Business Development & External Affairs 1200 West Century Ave Bismarck ND 58503
Travis Jacobson	Vice President – Regulatory Affairs 1200 West Century Ave Bismarck ND 58503
Anne M. Jones	Chief Human Resources, Administration & Safety Officer 1200 West Century Ave Bismarck ND 58503
Eric P. Martuscelli	Vice President – Field Operations & Customer Experience 1200 West Century Ave Bismarck ND 58503
Darcy Neigum	Vice President – Energy Supply 1200 West Century Ave Bismarck ND 58503
Tammy J. Nygard	Controller 1200 West Century Ave Bismarck ND 58503
Stephanie A. Sievert	Chief Accounting & Regulatory Affairs Officer 1200 West Century Ave Bismarck ND 58503
Allison R. Waldon	Assistant Secretary 1200 West Century Ave Bismarck ND 58503

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

CASCADE NATURAL GAS 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 01/02/1953.

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: 04/15/2025
UBI Number: 578 012 249



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

A handwritten signature in cursive script, reading "Steve R. Hobbs".

Steve R. Hobbs, Secretary of State

Date Issued: 04/15/2025