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C T CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32301 (850)222-1092
City State Zip Phone

600003039926--9
-11/09/99--01073--009
*****70.00 *****70.00

CORPORATION(S) NAME

Avista Advantage, Inc.

- ☒ Profit
☐ NonProfit
☐ Limited Liability Company
☒ Foreign

☐ Amendment

☐ Dissolution/Withdrawal

- ☐ Limited Partnership
☐ Reinstatement
☐ Limited Liability Partnership
☐ Certified Copy

☐ Annual Report
☐ Reservation

☐ Photo Copies

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LAURA EARNEST

11/9

11/9/99

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: AVISTA ADVANTAGE, INC.
(Name of corporation - must include suffix)

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Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", 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:

SUE MINER

(Name of Person)

AVISTA CORP.

(Firm/Company)

1411 E MISSION AVE

(Address)

SPOKANE WA 99202

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

SUE MINER

(Name of Person)

at (509) 495-4140

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien 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 & 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.

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1. AVISTA ADVANTAGE, INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. WASHINGTON 3. 91-1701028
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. NOVEMBER 6, 1995 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. OCTOBER 15, 1999
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 201 W. NORTH RIVER DR. SUITE 600, SPOKANE WA 99201
(Current mailing address)

8. Develops and implements proprietary utility and information systems.
(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 or Mail Drop Box **NOT** acceptable)

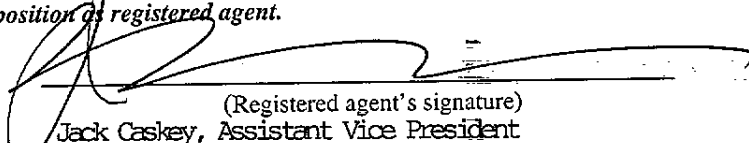
Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324
(Zip code)

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)
Jack Caskey, Assistant Vice President

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 addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: PLEASE SEE ATTACHED LIST

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: PLEASE SEE ATTACHED LIST

Address: _____

Vice President: _____

Address: _____

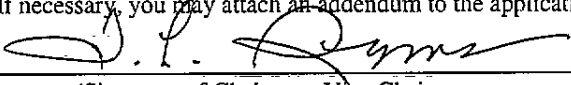
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. T.L. SYMS - Vice President, Corporate Secretary & Assistant Treasurer
(Typed or printed name and capacity of person signing application)

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AVISTA ADVANTAGE, INC.

(A Subsidiary of Avista Capital, Inc.)
W. 201 North River Drive, Suite 600
Spokane, WA 99201

The above address applies to all officers and directors

Directors:

Jon E. Eliassen
Gary G. Ely – Chairman
Thomas M. Matthews

Officers:

Gary G. Ely	Chairman of the Board & Chief Executive Officer
Gerry D. Crooks	President & Chief Operating Officer
Ronald R. Peterson	Vice President & Controller
Terry L. Syms	Vice President, Corporate Secretary & Asst. Treasurer
Dorothy K. Mercer	Treasurer & Assistant Corporate Secretary

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STATE of WASHINGTON



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I, RALPH MUNRO, Secretary of State of the State of Washington and custodian of its seal,
hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

AVISTA ADVANTAGE, 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 Washington and was issued a Certificate of Incorporation
in Washington on November 6, 1995.

I FURTHER CERTIFY that as of the date of this certificate, no Articles of Dissolution
have been filed, and that the corporation is duly authorized to
transact business in the corporate form in the State of Washington.



Date: October 22, 1999

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

SBF

Ralph Munro, Secretary of State