Florida Department of State

Division of Cornorations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081
Phone: (307)200-2803
Fax Number: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Foreign Limited Liability Company
Precision Drilling Services LLC

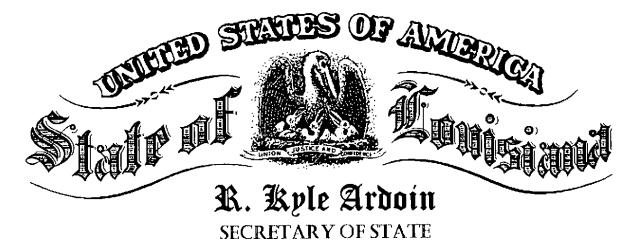
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Precision Drilling Services LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name most include "Limited Liability Company," "L.L.C," or "LEC.") (Jurisdiction under the law of which foreign limited liability company is organized) _{s.} 7901 4th St N 7901 4th St N **STE 300 STE 300** St. Petersburg, FL USA 33702 St. Petersburg, FL USA 33702 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Northwest Registered Agent LLC Name: 7901 4th St N STE 300 Office Address: St. Petersburg Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Troy Pardue Name: Harold Henry Manager Manager Manager 7901 4th St N STE 300 Address: 7901 4th St N STE 300 ✓ Member Member St. Petersburg, FL USA 33702 St. Petersburg, FL USA 33702 Authorized Authorized Person Person Other____ Other____ Other___ Other____ Name: _____ Manager Name: Manager Member Address: _______ Member Address: Authorized Authorized Person Person Other____ Other_ Other_____ Other___ Manager | Name: _____ Name: Manager Address: Member Address: Member Authorized Authorized Person Person Other_____ Other____ Other____ Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any 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. Signature of an authorized person Morgan Noble Typed or printed name of signee



As Secretary of State of the State of Louisiana, I do hereby Certify that

PRECISION DRILLING SERVICES, L.L.C.

A limited liability company domiciled in DOWNSVILLE, LOUISIANA,

Filed charter and qualified to do business in this State on August 20, 2007,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

May 27, 2020

/2 12 / 16 2 Secretary of State

Web 36522668h



Certificate ID: 11213915#2CF52

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov