Articles of Merger - Multi Entity Merger

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem [illegible] - Phone: (503) 986-2200

FILED: AUG 22, 2025
OREGON SECRETARY OF STATE

5035787-28100074

REGISTRY NUMBER: 05035787

ASTRO TOOL CORP.

MER

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is pub
We must release this information to all parties upon request and it will be posted on our website.

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1. NAMES AND TYPES OF THE ENTITIES PROPOSING TO MERGE:

NAME:	ENTITY TYPE:	REGISTRY NUMBER:
Astro Tool Corp	Oregon Corporation	050357-87
Astro Tool Corp	Tennessee Corporation	

2. NAME AND TYPE OF SURVIVING ENTITY: Astro Tool Corp, a Tennessee corporation

☐ Check here if there is a name change in the plan of merger.

3. OREGON CORPORATION AND LIMITED LIABILITY REQUIREMENT:

Oregon Corporations and Limited Liability Companies must include the Principal Place of Business and Individual with Direct Knowledge. Include it in your document or attach an information change form.

4. SELECT ONE OF THE FOLLOWING:

◯ A copy of the plan of merger is attached.

OR:

◉ The plan of merger is on file at the address of the surviving entity.

Address 2856 Directors Cove

City Memphis State TN Zip Code 38131

A copy will be provided upon request to any owner, member or shareholder at no cost.

If the plan of merger amends the articles of organization/incorporation, attach the restated articles of the surviving entity.

◯ State effective date and time in plan of merger if other than when these articles are filed: September 1, 2025

5. The plan of merger was duly authorized and approved by each entity that is a party to the merger:

◯ A copy of the vote required by each entity is attached.

OR:

◉ Shareholder approval was not required.

6. EXECUTION: (Must be signed by an officer or director for a corporation, a member or manager for a limited liability company, a general partner for a limited partnership, or a partner for a limited liability partnership.)

I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

Signature: [signature]

Printed Name: Erik Francoforte

Title: President

CONTACT NAME: (To resolve questions with this filing)

Scott Evans

PHONE NUMBER: (Include area code)

9012597206

FEES

Nonprofit Required Processing Fee	$50
Domestic Required Processing Fee	$100
Foreign Required Processing Fee	$275

Processing Fees are nonrefundable. Please make check payable to "Corporation Division".
Free copies are available at sos.oregon.gov/business using the Business Name Search program.