


UNIFORM STATUTORY DECLARATION FORM FOR THE REGISTRATION OF FITTING DESIGNS

NEW BRUNSWICK NOVA SCOTIA PRINCE EDWARD ISLAND NEWFOUNDLAND AND LABRADOR
 NUNAVUT YUKON NORTHWEST TERRITORIES

MANUFACTURERS NAME: Armstrong International, Incorporated
 MANUFACTURERS ADDRESS: 816 Maple Street, Three Rivers, MI 49093 USA
 PLANT LOCATIONS: 816 Maple Street, Three Rivers, MI 49093 USA

<p>CATEGORY OF FITTINGS TO BE REGISTERED. CIRCLE ONE CATEGORY ONLY</p> <p>A Pipe fittings, including couplings, tees, elbows, Ys, plugs, unions, pipe caps, or reducers B Flanges: all flanges C Valves: all line valves D Expansion joints, flexible connections, and hose assemblies: all types E Strainers, filters, separators, and steam traps F Measuring devices, including pressure gauges, level gauges, sight glasses, levels, or pressure transmitters G Certified capacity-rated pressure relief devices acceptable as primary over pressure protection on boilers, pressure vessels, piping and fusible plugs <input checked="" type="radio"/> H Pressure retaining components that do not fall into one of the above categories N Nuclear components: Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> (Meeting CSRG or ASME requirements)</p>	<p>TITLE OF THE STANDARD OF CONSTRUCTION Consistent with ASME B31.3 2010 Edition</p>
<p>SHOW MANUFACTURERS NAME, TRADEMARK, OR LOGO AS IT WILL APPEAR ON THE FITTING</p> <div align="center">  <p>Armstrong</p> </div>	<p>TYPE OF CONSTRUCTION</p> <p>FORGED <input type="checkbox"/> WELDED <input checked="" type="checkbox"/> WROUGHT <input type="checkbox"/> CAST <input type="checkbox"/> OTHER <input type="checkbox"/> DESCRIBE OTHER: <u>Threaded fittings</u></p>

LIST OF SUPPORTING DOCUMENTATION AND IDENTIFICATION OF THE ACTUAL ITEMS TO BE REGISTERED:

Series 9000 Humidifiers, Series 1000 Humidifiers, and Jacketed Manifolds
 See page 2 for details.

DECLARATION:

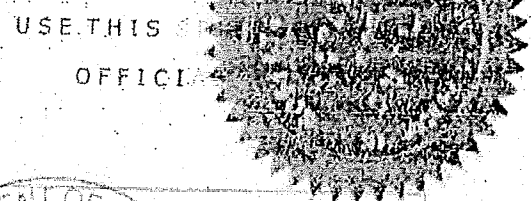
I, (see note 3) Andy Solis, employed by Armstrong International, Incorporated and being the person having full authority and responsibility for the quality of the end product do solemnly declare that the information contained in this form is true and to the best of my knowledge represents the product for which registration is sought. The dimensions, materials of construction, pressure comparative ratings, and identification markings are in accordance with the herein named standards. I further declare that the manufacture of these fittings is regulated by a Quality Control Program which extends to each plant where fabrication occurs in whole or in part and has been verified by me as being suitable for the purpose and I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Signature of Declarer: Andy Solis

ROBERTA M. RYAN
 Notary Public, St. Joseph Co., IN
 My Commission Expires Sept. 12, 2014

Declared before me at Three Rivers, MI

This 31st day of July, 2013

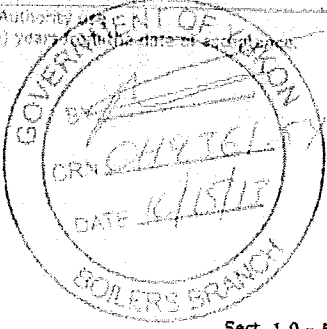


Commissioner of Oaths or Notary Public: (sign) Roberta M. Ryan

This space for Regulatory Authority: Yukon
 This registration must be revalidated after ten (10) years.

CRN: OH9361.5 REV1
 FID#: 106

Notes:
 1. All fittings shall be registered in the name of the Manufacturer.
 2. Each category shall be supported with two Statutory Declaration forms and one copy of supporting documentation.
 3. The declaration shall be made by the person having full authority and responsibility for the quality of the end product.
 4. Quality control programs shall be resubmitted for validation at a maximum interval of five (5) years.



Sect. 1.0 - Fittings Rev. 1 06/2003