Typed Name: _____

9/21/2012



	CERTIFICATE OF C	EU ED EEEDAWIJE I	
	200.00	of application) 7814 HAY 15 PM 2: 03	
1.	The name of the limited liability com	npany is: SECRETARY OF STATE STATE OF IDAHO	
2.	The complete street and mailing addresses of the Initial designated office: 620 W. Franklin Street, Boise, Idaho 83702 (Street Address)		
	3991 MacArthur Blvd., Suite 175, Newpor (Mailing Address, if different than street address)	t Beach, California 92660	
3.	The name and complete street address of the registered agent:		
	Bob Richmond (Name)	620 W. Franklin Street, Boise, Idaho 83702 (Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	Name Loyd E. Wright III	Address 3991 MacArthur Blvd., #175, Newport Beach, CA 92660	
	Jeff Osborn	3991 MacArthur Blvd., #175, Newport Beach, CA 92660	
	John Turner	3991 MacArthur Blvd., #175, Newport Beach, CA 92660	
	Eric Hinkelman	3991 MacArthur Blvd., #175, Newport Beach, CA 92660	
	John Gilchrist	3991 MacArthur Blvd., #175, Newport Beach, CA 92660	
5,	Malling address for future correspondence (annual report notices): 3991 MacArthur Blvd., Suite 175, Newport Beach, California 92660		
6.	6. Future effective date of filing (optional):		
Signature of a manager, member or authorized person.			
Signature Rouding Secretary of State use only			
Typed Name: Loyd E. Wright III			
Signature			

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IDAHO SECRETARY OF STATE 05/15/2014 05:00

CK:1892850 CT:172099 BH:1424951 16 100.00 = 100.00 ORGAN LLC #2

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