State of Idaho

Office of the Secretary of State

OF ROBERTS RANCH VENTURE L.P.

File Number L 6470

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Limited Partnership Act, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to transact business in this State and attach hereto a duplicate of the Application.

Dated: October 22, 2010



Ben youra

By Juda Corbus

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED PARTNERSHIP

-ILED EFFECTIVE

10 OCT 22 AM 8: 13

100.00 REG FOR LP # 2

(instructions on back of application) The undersigned limited partnership applies for a Certificate of Authority and states as follows: CRETARY OF STATE STATE OF IDAHO 1. The name of the limited partnership is: Roberts Ranch Venture L.P. The name which it shall use in Idaho is: USONIA and its date of formation is 44915 4, 1994 It is formed under the laws of: The business address of the office located in its jurisdiction of domicile: Rosecrans Ab. 5. The address of its principal office in Idaho is: on aliver keller The address to which correspondence should be addressed, if different from item 5, is: The name and physical street address of the registered agent in Idaho is: and Floor, BOUND ID 8370 b This limited partnership [L is] [Ais not] a limited liability limited partnership. The names and respective business and mailing addresses of its general partners: Street Address Mailing Address Name on Developme Customer Acct #: (if using pre-paid account) Dated: Secretary of State use only Signature: Typed Name:

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: ROBERTS RANCH VENTURE L.P.

FILE NUMBER:

199421700004

FORMATION DATE:

08/04/1994

TYPE:

DOMESTIC LIMITED PARTNERSHIP

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 23, 2010.

DEBRA BOWEN Secretary of State