

ARTICLES OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY FEB -2 AN 8: 47

(Instructions on back of application)

The name of the limited liability comp	oanvis
	tered office is:
	agent at the above address is.
-	
Management of the limited liability co	mpany will be vested in:
Manager(s) ✓ or Member(s)	(please check the appropriate box)
address(es) of at least one initial man	or more manager(s), list the name(s) and nager. If management is to be vested in the tess(es) of at least one initial member.
Name	Address
David Steven Jones	4 Rockshore Bluff
	Newport Coast, CA 92657
	Λ
/-1 / 1//1 . 1/	onsible for forming the limited liability company:
Signature: Auc B. Lu	Secretary of State upg only
Signature: David B. Lincoln	Sacratage of State upg only
Signature: Auc B. Lu	Sacratage of State upg only
Signature: David B. Lincoln	Secretary of State use only
	If management is to be vested in one address(es) of at least one initial man member(s), list the name(s) and addr

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