

State of Idaho

Office of the Secretary of State

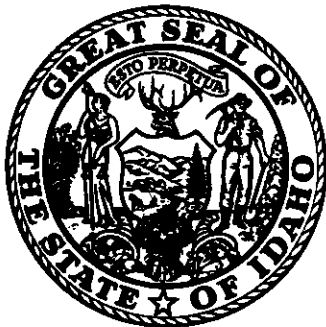
**CERTIFICATE OF AUTHORITY
OF
MORTGAGE CAPITAL PARTNERS, INC.**

File Number C 201091

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 Business Corporation 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 for such certificate.

Dated: February 6, 2014



Ben Yursa
SECRETARY OF STATE

By

[Signature]



APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

2014 FEB -6 AM 10:42

SECRETARY OF STATE
STATE OF IDAHO

The undersigned Corporation applies for a Certificate of Authority and states as follows:

1. The name of the corporation is:
Mortgage Capital Partners, Inc.
2. The name which it shall use in Idaho is: _____
3. It is incorporated under the laws of: California
4. Its date of incorporation is: 5/08/2008
5. The address of its principal office is:
12400 Wilshire Blvd. Suite 900 Los Angeles, CA 90025
6. The address to which correspondence should be addressed, if different from item 5, is:

7. The street address of its registered office in Idaho is: 1524 S. Vista Ave. Suite 12 Boise, ID 83705-2536
and its registered agent in Idaho at that address is: InCorp Services, Inc.
8. The names and respective business addresses of its directors and officers are:

Name	Title	Business Address
<u>Carolyn Chang</u>	<u>President</u>	<u>12400 Wilshire Blvd Suite 900</u> <u>Los Angeles, CA 90025</u>
<u>Nathanial Coleman</u>	<u>Treasurer</u>	<u>12400 Wilshire Blvd Suite 900</u> <u>Los Angeles, CA 90025</u>
_____	_____	_____
_____	_____	_____

Dated: 1/31/2014

Signature: _____

Typed Name: Carolyn Chang

Capacity: President

[The signer must be a director or an officer of the corporation.]

Customer Acct # : _____

(If using pre-paid account)

Secretary of State use only

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form\app\corporate\authority_profit.pmd
Revised 06/2005

IDAHO SECRETARY OF STATE
02/06/2014 05:00
CK: 2609 CT: 200030 BH: 1409419
1 @ 100.00 = 100.00 AUTH PRO # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

Web Form

C201091

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

MORTGAGE CAPITAL PARTNERS, INC.

FILE NUMBER: C3040387
FORMATION DATE: 05/08/2008
TYPE: DOMESTIC CORPORATION
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 January 30, 2014.

Debra Bowen

DEBRA BOWEN
Secretary of State