State of Idaho

Office of the Secretary of State

CERTIFICATE OF REGISTRATION

OF

ALTURAS MANAGEMENT GROUP LLC

File Number W 157264

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, 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 Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: October 9, 2015



SECRETARY OF STATE

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202

Rev. 08/2015

FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in duplicate.

FILED EFFECTIVE

2015 OCT -9 PH 3: 03

SECTIATE OF IDAHO

W157264

| 1. | The name of the entity is: Alturas Management Group LLC | | | | | | |
|-----|--|-------------------------------|------------------------|--|----------------------------------|------|--|
| 2. | The name which it shall use in Idaho is: | | | | | | |
| 3. | Select the type of entity you wish to register: (Enter a name here, only if you are required to adopt an alternate name) | | | | | | |
| | ☐ Business Corporation ☐ General Partnership | | | | | | |
| | ☐ Nonprofit Corporation ☐ General Cooperative Association | | | | | | |
| | Limited Liability Partnership | Limited Liability Partnership | | | | | |
| | ☑ Limited Liability Company ☐ Statutory Trust, Business Trust, or Common-law Business Trust | | | | | | |
| | ☐ Other: | | | | | | |
| | (Use "Other" only if your fore | eign entity type is n | ot listed above, and e | nter the | lype here.) | | |
| 4. | Jurisdiction of formation: Delaware | | | | | | |
| 5. | (Provide the domestic jurisdiction where the entity was formed) The address of its principal office is: | | | | | | |
| ٠. | l35 E. Shore Drive, Suite 210, Eagle, ID 83616 | | | | | | |
| | Street Address) | | | | | | |
| | (2025) | | | | | | |
| | (Mailing Address, if different) | | | | | | |
| 3, | he address of its domestic principal office (if required by the laws of the jurisdiction of formation) is: | | | | | | |
| is: | | | | | | | |
| | Street Address) | | | | | | |
| | | | | | | | |
| | (Mailing Address, if different) | | | | | | |
| 7. | The mailing address to which correspondence should be addressed, if different from item 5, is: | | | | | | |
| ٠. | The maining address to which con | respondence si | nould be address | ed, if d | ifferent from item 5, is: | | |
| | (Address) | | | | | | |
| | | | | | | | |
| 3. | lame and street address of registered agent <u>in Idaho</u> : | | | | | | |
| | Blake Hansen 435 E. Shore Drive, Suite 210, Eagle, ID 83616 | | | | | | |
| | (Name) (Address) | | | | | | |
| 3. | The name canacity and mailing | address of at la | oot one gaverner | | | | |
| | The name, capacity, and mailing address of at least one governor: | | | | | | |
| | Alturas Capital, LLC | Member | | hore Drive, Suite 210, Eagle, ID 83616 | | | |
| | (Name) | (Capacity) | (Address) | | | | |
| | | | | | | | |
| | (emaN) | (Capacity) | (Address) | | | | |
| | | | | | | | |
| | | | | 1 | · | | |
| | | | | anly | IDAHO SECRETARY OF STATE | | |
| 7 | Typed Name: Blake Hansen | | | rse | 18/09/2015 05:00 | | |
| | 0 11 | | | State use | CK: 3277336 CT: 172099 BH: 14958 | E.O. | |
| 5 | Signature: D | _ | | | 10 100.00 = 100.00 FOR REG ST | | |
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| (| Capacity: Manager of Member | ŗ | | cret | | | |

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ALTURAS MANAGEMENT GROUP LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE ELEVENTH DAY OF SEPTEMBER, A.D. 2015.

5723870 8300 SR# 20150091878

Authentication: 10055602

Date: 09-14-15

You may verify this certificate online at corp.delaware.gov/authver.shtml