

State of Idaho

Office of the Secretary of State

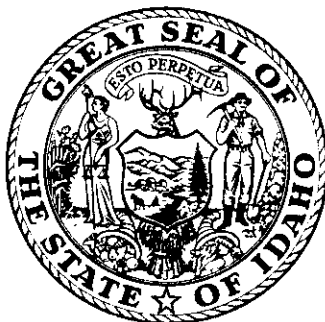
**CERTIFICATE OF AUTHORITY
OF
COLEMAN COMMUNITIES, INC.**

File Number C 159446

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: 18 March 2005



Ben Yursa

SECRETARY OF STATE

By *Sally Lloyd*

202

FILE ACTIVE



APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

MAR 18 PM 3:23

STATE OF IDAHO

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

1. The name of the corporation is:
COLEMAN COMMUNITIES, INC.
2. The name which it shall use in Idaho is: _____
3. It is incorporated under the laws of: DELAWARE
4. Its date of incorporation is: MARCH 4, 2005
5. The address of its principal office is:
5251 OFFICE PARK DRIVE, SUITE 350, BAKERSFIELD, CA 93309
6. The address to which correspondence should be addressed, if different from item 5, is:
5251 OFFICE PARK DRIVE, SUITE 350, BAKERSFIELD, CA 93309
7. The street address of its registered office in Idaho is: 1401 SHORELINE DRIVE, SUITE 2
BOISE, ID 83702
and its registered agent in Idaho at that address is: CORPORATION SERVICE COMPANY
8. The names and respective business addresses of its directors and officers are:

Name	Office	Address
<u>THOMAS M. COLEMAN, JR.</u>	<u>SOLE DIRECTOR,</u>	<u>5251 OFFICE PARK DRIVE, SUITE 350,</u>
	<u>PRESIDENT AND</u>	<u>BAKERSFIELD, CA 93309</u>
	<u>TREASURER</u>	
<u>MAUREEN WOOD</u>	<u>SECRETARY</u>	<u>5251 OFFICE PARK DRIVE, SUITE 350,</u>
		<u>BAKERSFIELD, CA 93309</u>

Dated: MARCH 8, 2005

Signature: _____

Typed Name: MAUREEN WOOD

Capacity: SECRETARY

Customer Acct # : _____

(If using pre-paid account)

Secretary of State use only

getcorpform9corp
form9appforca/cas/ae/authority_profit.pmf
Revised 07/2002

Web Form

IDAHO SECRETARY OF STATE
03/18/2005 05:00
CK: 34574 CT: 1154 BH: 799438
1 @ 100.00 = 100.00 AUTH PRO # 4
1 @ 20.00 = 20.00 EXPEDITE C # 5

C159446

Delaware

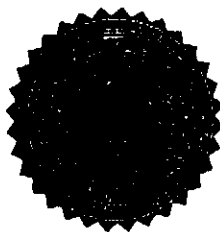
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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COLEMAN COMMUNITIES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COLEMAN COMMUNITIES, INC." WAS INCORPORATED ON THE FOURTH DAY OF MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 3723316

DATE: 03-05-05