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APPLICATION FOR REGISTRATION OF FOREIGN LIMITED LIABILITY COMPANY

(Instructions on back of application)

05 MAY 22 AH II: 00

SECRE: UF STATE STATE OF IDAHO

1.	The name of the limited liability company is:
	G.B. Management, L.L.C.
2.	If the name of the limited liability company is not permissible or is not available in Idaho, the name the foreign limited liability company will use in Idaho is:
3.	The jurisdiction under whose laws the limited liability company is organized is: New York
	and the date of its formation was: January 20, 2000
4.	The name and address of the registered agent in Idaho is:
	CT Corporation System, 300 North 6th Street, Boise, Idaho 83702
5.	The address of the limited liability company's office in the jurisdiction under whose laws it is organized is:
	c/o CT Corporation Systems, 111 Eighth Avenue, New York, New York 10011
6.	The address of the limited liability company's principal office, if other than the address in #5 above, is:
	1000 Wilshire Boulevard, Suite 858, Los Angeles, California 90017
7.	The address to which correspondence should be addressed is:
	877 Main Street, Suite 600, Boise, Idaho 83702
8.	Signature of a manager, if any, or a member if there are no managers.
	Signature Secretary of State use only
	Signature Secretary of State use only Typed Name Gregory Bied Manager IZI Member II
	Manager ☑ Member ☐

IDAHO SECRETARY OF STATE KOO 05/22/2006 05:00 CK: 8865 CT: 20168 BH: 955889 1 0 100.00 = 100.00 REGFORGLLC # 2 1 0 20.00 = 20.00 EXPEDITE C # 3

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State of New York Department of State } ss:

I hereby certify, that G.B. MANAGEMENT, L.L.C. a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/20/2000, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



Witness my hand and the official seal of the Department of State at the City of Albany, this 19th day of May two thousand and six.

Daniel Shapiro

Special Deputy Secretary of State

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