

# State of Idaho

Office of the Secretary of State

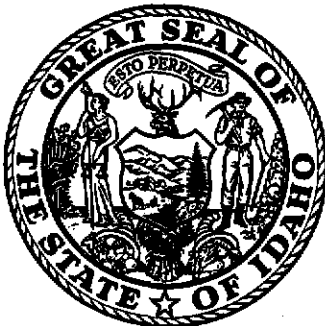
**CERTIFICATE OF AUTHORITY  
OF  
SCA FRANCHISING CORPORATION**

File Number C 184252

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: August 24, 2009



*Ben Yursa*  
SECRETARY OF STATE

By

*Sherry Palmer*



# APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

09 AUG 24 PM 12:30

SECRETARY OF STATE  
STATE OF IDAHO

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

- The name of the corporation is:  
SCA FRANCHISING CORPORATION
- The name which it shall use in Idaho is: SCA FRANCHISING CORPORATION
- It is incorporated under the laws of: CALIFORNIA
- Its date of incorporation is: 03/14/2007
- The address of its principal office is:  
3808 W MAGNOLIA BLVD, BURBANK, CA 91505
- The address to which correspondence should be addressed, if different from item 5, is:  
\_\_\_\_\_
- The street address of its registered office in Idaho is: 1111 W JEFFERSON, #530, BOISE, ID 83702  
and its registered agent in Idaho at that address is: BUSINESS FILINGS INCORPORATED
- The names and respective business addresses of its directors and officers are:

Name	Title	Business Address
<u>TIMOTHY WP DAVIS</u>	<u>PRESIDENT</u>	<u>3817 MAGNOLIA, BURBANK, CA 91505</u>
<u>JON GIRONDA</u>	<u>VICE PRESIDENT</u>	<u>3817 MAGNOLIA, BURBANK, CA 91505</u>
<u>MONICA WARNER</u>	<u>CFO</u>	<u>3808 MAGNOLIA, BURBANK, CA 91505</u>
_____	_____	_____
_____	_____	_____

Dated: 8/17/09Signature: Monica WarnerTyped Name: MONICA WARNERCapacity: CFO  
[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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Revised 06/02/05

Web Form

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08/24/2009 05:00  
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C184252

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

**SCA FRANCHISING CORPORATION**

**FILE NUMBER:** C2973967  
**FORMATION DATE:** 03/14/2007  
**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 August 17, 2009.

*Debra Bowen*

**DEBRA BOWEN**  
**Secretary of State**