

State of Idaho

Office of the Secretary of State

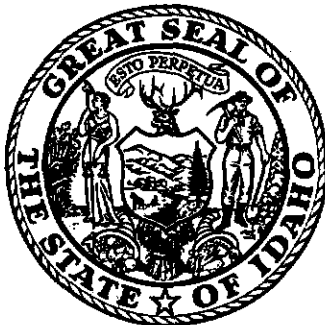
**CERTIFICATE OF AUTHORITY
OF
TRADITIONS BOISE MANAGER, LLC**

File Number W 106004

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 Uniform Limited Liability 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 19, 2011



Ben Yursa

SECRETARY OF STATE

By

[Signature]



APPLICATION FOR CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 AUG 19 AM 10:33

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

TRADITIONS BOISE MANAGER LLC

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 formed is: WA

4. The name and complete street address of the registered agent in Idaho is:

PETER J SMITH IV

601 EAST FRONT AVE #502 COEUR D'ALENE ID 83814

5. The street and mailing address of the limited liability company's principal office is:

1620 NORTH MAMER ROAD BUILDING B SPOKANE VALLEY WA 99216

Street Address

Mailing Address, if different

6. The street and mailing address of the limited liability company's office in the jurisdiction under whose laws it is organized is:

1620 NORTH MAMER ROAD BUILDING B SPOKANE VALLEY WA 99216

Street Address

Mailing Address, if different

7. The name and mailing address of at least one member or manager:

THOMAS E CLEMON

1620 N MAMER RD BLD B SPOKANE VALLEY WA 99216

8. The mailing address for future correspondence:

1620 NORTH MAMER ROAD BUILDING B SPOKANE VALLEY WA 99216

9. Signature of a manager, member or authorized person.

Signature

LARRY CHERMAK

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE
08/19/2011 05:00
CK: 3013 CT: 261676 BH: 1207206
1 @ 100.00 = 100.00 REGFORGLLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W106004

UNITED STATES OF AMERICA

The State of  Washington

Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION
OF
TRADITIONS BOISE MANAGER, LLC

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 6/23/2011.

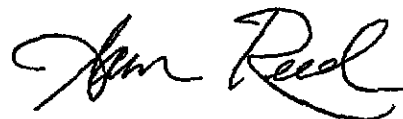
I FURTHER CERTIFY that as of the date of this certificate, TRADITIONS BOISE MANAGER, LLC remains active and has complied with the filing requirements of this office.

Date: August 12, 2011

UBI: 603-123-818



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

A handwritten signature in cursive script that reads "Sam Reed".

Sam Reed, Secretary of State