

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

**CERTIFICATE OF STATUS**

ENTITY NAME: [REDACTED]

FILE NUMBER: [REDACTED]

FORMATION DATE: 06/27/2013

TYPE: DOMESTIC LIMITED LIABILITY COMPANY

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 February 13, 2014.

*Copy of Signature*

DEBRA BOWEN  
Secretary of State

BY