

SCHEDULE C Form 1041		Profit or Loss from Business		OMB No. 1545-0047	
Department of the Treasury Internal Revenue Service		▶ Information about Schedule C and its separate instructions is available at www.irs.gov/pub/irs-soi/14-soi/1041		4	
Name of proprietor		Social security number (SSN)		1	
A Principal business or profession, including product or service (see instructions)		1 Enter code from instructions		2	
B Business name (if not same as proprietor's name, list name, trade name, or DBA)		2 Enter business name (SSN)		3	
C Business name (if not separate business name, leave blank)					
D Business address (including suite or room no.)					
City, town, or part of city, state, and ZIP+4®					
E Accounting method (check one) <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____					
F Do you "materially participate" in the operation of the business during 2014? If "no," see instructions for limit on losses				Yes	No
G Do you have a qualified plan, IRA, or other tax-deferred plan for 2014? Check one				Yes	No
H Do you have any payments to a 1014 that would require you to file Form 1099-DIV (see instructions)				Yes	No
I Do you have any payments to a 1014 that would require you to file Form 1099-DIV (see instructions)				Yes	No
Part I Income					
1 Gross income or sales. See instructions for line 1 and check the box if this income was reported on your Form 1041 or 1042. Statutory employee box if that form was used.	2	3	4	5	6
Return and allowances	7	8	9	10	11
Business tax credits from 1041	12	13	14	15	16
Cost of goods sold (from line 42)	17	18	19	20	21
Depreciation and amortization (15) expense, deduction, and credit (see instructions for Part IV line 20)	22	23	24	25	26
Other income, including holding and state graduate or fuel tax credit (or refund) (see instructions)	27	28	29	30	31
Gross income. Add lines 1 through 27	32	33	34	35	36
Part II Expenses. Enter expenses for business use of your home (only on line 30).					
3 Car and truck expenses (see instructions)	37	38	39	40	41
4 Insurance (see instructions)	42	43	44	45	46
5 Commissions and fees	47	48	49	50	51
6 Contract or work-in-progress (WIP) expenses (see instructions)	52	53	54	55	56
7 Repairs and maintenance (see instructions)	57	58	59	60	61
8 Travel meals and entertainment (see instructions)	62	63	64	65	66
9 Taxes and licenses	67	68	69	70	71
10 Trade meals, and entertainment	72	73	74	75	76
11 Deductible meals and entertainment (see instructions)	77	78	79	80	81
12 Utilities	82	83	84	85	86
13 Property (see employment contract)	87	88	89	90	91
14 Other (see instructions for line 48)	92	93	94	95	96
15 Legal and professional fees (see instructions)	97	98	99	100	101
16 Total expenses. Add lines 3 through 15	102	103	104	105	106
17 Total expenses before expense for business use of home. Add lines 1 through 16	107	108	109	110	111
18 Taxable profit or loss. Subtract line 17 from line 32	112	113	114	115	116
19 Expense for business use of your home. Do not report this expense here. Attach Form 8829 with explanation using the simplified method (see instructions).	117	118	119	120	121
Simplified method: Enter only the amount of this total against holdings of all your homes.					
20 And the part of your home used for business	122	123	124	125	126
21 Net profit or loss. Subtract line 19 from line 18	127	128	129	130	131
If a profit, enter on both Form 1041, line 36, and Form 1042, line 10, and on Schedule K-1, line 15. Use the Simplified Method (see instructions).					
If a loss, enter on both Form 1041, line 37, and Form 1042, line 11, and on Schedule K-1, line 16. Use the Simplified Method (see instructions).					
22 If you checked box 1, enter 1. See instructions. Enter business and investment on Form 1041, line 33.					
23 If you have a loss, check the box that describes your situation in this activity. See instructions.					
24 If you checked box 2, enter loss on both Form 1041, lines 34, 35, and on Form 1042, line 13 and on Schedule K-1, line 17.					
25 If you checked box 3, enter loss on both Form 1041, lines 34, 35, and on Form 1042, line 13 and on Schedule K-1, line 17.					
26 If you checked box 4, enter loss on both Form 1041, lines 34, 35, and on Form 1042, line 13 and on Schedule K-1, line 17.					
27 If you checked box 5, enter loss on both Form 1041, lines 34, 35, and on Form 1042, line 13 and on Schedule K-1, line 17.					
28 If you checked box 6, enter loss on both Form 1041, lines 34, 35, and on Form 1042, line 13 and on Schedule K-1, line 17.					
29 If you checked box 7, enter loss on both Form 1041, lines 34, 35, and on Form 1042, line 13 and on Schedule K-1, line 17.					
30 If you checked box 8, enter loss on both Form 1041, lines 34, 35, and on Form 1042, line 13 and on Schedule K-1, line 17.					
31 If you checked box 9, enter loss on both Form 1041, lines 34, 35, and on Form 1042, line 13 and on Schedule K-1, line 17.					
32 All payments of tax, including self-employment tax, and other taxes (see instructions for line 10).					
33 All payments of tax, including self-employment tax, and other taxes (see instructions for line 10).					
34 All payments of tax, including self-employment tax, and other taxes (see instructions for line 10).					
35 All payments of tax, including self-employment tax, and other taxes (see instructions for line 10).					
36 All payments of tax, including self-employment tax, and other taxes (see instructions for line 10).					
37 All payments of tax, including self-employment tax, and other taxes (see instructions for line 10).					
38 All payments of tax, including self-employment tax, and other taxes (see instructions for line 10).					
39 All payments of tax, including self-employment tax, and other taxes (see instructions for line 10).					
40 All payments of tax, including self-employment tax, and other taxes (see instructions for line 10).					
41 All payments of tax, including self-employment tax, and other taxes (see instructions for line 10).					
42 All payments of tax, including self-employment tax, and other taxes (see instructions for line 10).					
43 All payments of tax, including self-employment tax, and other taxes (see instructions for line 10).					
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45 All payments of tax, including self-employment tax, and other taxes (see instructions for line 10).					
46 All payments of tax, including self-employment tax, and other taxes (see instructions for line 10).					
47 All payments of tax, including self-employment tax, and other taxes (see instructions for line 10).					
48					

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Schedule K-1 (Form 1120S) Department of the Treasury Internal Revenue Service		2014	77 <i>Worksheet 1</i> 4781133 <i>OMB No. 1545-0047</i>
Shareholder's Share of Income, Deductions, Credits, etc. ▶ See back of form and separate instructions.		Part II Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items	
Part I Information About the Corporation		1 Net ordinary income <i>Form 1120S, line 26</i>	
A Corporation's employer identification number		2 Net capital income <i>Form 1120S, line 27</i>	
B Corporation's name, address, city, state, and ZIP code		3 Other ordinary income <i>Form 1120S, line 28</i>	
C ESB Code where corporation filed return		4 Net dividend income <i>Form 1120S, line 29</i>	
Part II Information About the Shareholder		5 Dividend income <i>Form 1120S, line 30</i>	
D Shareholder's identifying number		6 Capital dividends <i>Form 1120S, line 31</i>	
E Shareholder's name, address, city, state, and ZIP code		7 Excess capital income <i>Form 1120S, line 32</i>	
F Shareholder's percentage of stock owning the firm <i>Form 1120S, line 33</i>		8 Other income <i>Form 1120S, line 33</i>	
G Other income <i>Form 1120S, line 34</i>		9 Other income <i>Form 1120S, line 35</i>	
H Other income <i>Form 1120S, line 36</i>		10 Other income <i>Form 1120S, line 37</i>	
I Other income <i>Form 1120S, line 38</i>		11 Other income <i>Form 1120S, line 39</i>	
J Other income <i>Form 1120S, line 40</i>		12 Other income <i>Form 1120S, line 41</i>	
K Other income <i>Form 1120S, line 42</i>		13 Other income <i>Form 1120S, line 43</i>	
L Other income <i>Form 1120S, line 44</i>		14 Other income <i>Form 1120S, line 45</i>	
M Other income <i>Form 1120S, line 46</i>		15 Other income <i>Form 1120S, line 47</i>	
N Other income <i>Form 1120S, line 48</i>		16 Other income <i>Form 1120S, line 49</i>	
O Other income <i>Form 1120S, line 50</i>		17 Other income <i>Form 1120S, line 51</i>	
P Other income <i>Form 1120S, line 52</i>		18 Other income <i>Form 1120S, line 53</i>	
Q Other income <i>Form 1120S, line 54</i>		19 Other income <i>Form 1120S, line 55</i>	
R Other income <i>Form 1120S, line 56</i>		20 Other income <i>Form 1120S, line 57</i>	
S Other income <i>Form 1120S, line 58</i>		21 Other income <i>Form 1120S, line 59</i>	
T Other income <i>Form 1120S, line 60</i>		22 Other income <i>Form 1120S, line 61</i>	
U Other income <i>Form 1120S, line 62</i>		23 Other income <i>Form 1120S, line 63</i>	
V Other income <i>Form 1120S, line 64</i>		24 Other income <i>Form 1120S, line 65</i>	
W Other income <i>Form 1120S, line 66</i>		25 Other income <i>Form 1120S, line 67</i>	
X Other income <i>Form 1120S, line 68</i>		26 Other income <i>Form 1120S, line 69</i>	
Y Other income <i>Form 1120S, line 70</i>		27 Other income <i>Form 1120S, line 71</i>	
Z Other income <i>Form 1120S, line 72</i>		28 Other income <i>Form 1120S, line 73</i>	
AA Other income <i>Form 1120S, line 74</i>		29 Other income <i>Form 1120S, line 75</i>	
AB Other income <i>Form 1120S, line 76</i>		30 Other income <i>Form 1120S, line 77</i>	
AC Other income <i>Form 1120S, line 78</i>		31 Other income <i>Form 1120S, line 79</i>	
AD Other income <i>Form 1120S, line 80</i>		32 Other income <i>Form 1120S, line 81</i>	
AE Other income <i>Form 1120S, line 82</i>		33 Other income <i>Form 1120S, line 83</i>	
AF Other income <i>Form 1120S, line 84</i>		34 Other income <i>Form 1120S, line 85</i>	
AG Other income <i>Form 1120S, line 86</i>		35 Other income <i>Form 1120S, line 87</i>	
AH Other income <i>Form 1120S, line 88</i>			

851 Form (Rev. December 2010) Department of the Treasury Internal Revenue Service	Affiliations Schedule ▶ File with each consolidated income tax return. For tax year ending _____	OMB No. 1545-0025					
Number, date, and name of Federal income tax return _____		Employee identification number _____					
Name of common parent corporation _____							
City or town, state, and ZIP code _____							
Part I Overpayment Credits, Estimated Tax Payments, and Tax Deposits (see instructions)							
Line	Name and address of corporation	Employee identification number	Portion of overpayment credits for tax payments	Portion of tax deposited with Form 7254			
1	Common parent corporation						
2	Subsidiary corporations:						
3							
4							
5							
6							
7							
8							
9							
10							
Totals. (Must equal amounts shown on the consolidated tax return.) ▶							
Part II Principal Business Activity, Voting Stock Information, Etc. (see instructions)							
Line	Principal business activity (PBA)	PBA Code No.	Voting stockholders who are consolidated subsidiaries		Stock holdings at beginning of year		Owned by nonconsolidated
			Yes	No	Number of shares	Percent of voting power	
1	Common parent corporation						
2	Subsidiary corporations:						
3							
4							
5							
6							
7							
8							
9							
10							

For Paperwork Reduction Act Notice, see Instructions.

OMB No. 1545-0025

Form **851** (Rev. 12-2010)

Form 1120-W (Worksheet)	Estimated Tax for Corporations	OMB No. 1545-0045	2015
Department of the Treasury Internal Revenue Service	For calendar year 2015 or your reporting period, and ending 20 Information about Form 1120-W and its separate instructions is at www.irs.gov/form1120-w. (Keep for the corporation's records—do not send to the Internal Revenue Service.)		
Estimated Tax Computation			
1 Available income expected for the year: Qualified personal service corporations (specified in the instructions), add amounts through 13 and go to line 14. Members of a controlled group, see instructions.	1		
2 Enter the smaller of line 1 or \$50,000	2		
3 Multiply line 2 by 15%	3		
4 Subtract line 3 from line 2	4		
5 Enter the smaller of line 4 or \$25,000	5		
6 Multiply line 5 by 25%	6		
7 Subtract line 6 from line 4	7		
8 Enter the smaller of line 7 or \$80,000	8		
9 Multiply line 8 by 34%	9		
10 Subtract line 9 from line 7	10		
11 Multiply line 10 by 15%	11		
12 If line 11 is greater than \$100,000, enter the smaller of (a) 5% of the excess over \$100,000 or (b) \$11,750. Otherwise, enter -0-	12		
13 If line 11 is greater than \$15 million, enter the smaller of (a) 3% of the excess over \$15 million or (b) \$15,000. Otherwise, enter -0-	13		
14 Add lines 3, 6, 9, and 11 through 13. Qualified personal service corporations, multiply line 9 by 25%.	14		
15 Alternative minimum tax (see instructions)	15		
16 Total. Add lines 14 and 15.	16		
17 Tax credits (see instructions)	17		
18 Subtract line 17 from line 16	18		
19 Other taxes (see instructions)	19		
20 Total. Add lines 18 and 19.	20		
21 Credit for federal tax paid on payments and other refundable credits (see instructions)	21		
22 Subtract line 21 from line 20. Note: If the result is less than \$0, the corporation is not required to make estimated tax payments.	22		
23A If the tax shown on the corporation's 2014 tax return is less than (instructions), Section 4 if the tax is zero or the tax year was less than 12 months, skip this line and enter the amount from line 22 on line 23B.	23a		
23B Enter the smaller of line 22 or line 23A, if the corporation is required to pay line 23A, enter the amount from line 22	23b		
(iii) (iv) (v) (vi)			
24 Installment due dates (see instructions)	24		
25 Required installments. Enter 25% of line 23B in columns (ii) through (vi); if the corporation uses the annualized income installment method or adjusted seasonal installment method or is a "large corporation," see the instructions for the amount to enter	25		

For Preparation Reduction Act Notice, see instructions.

Page No. 1120WD
Use See Page 1120WD
Form 1120-W (2015)

[illegible][illegible]

ARTS-PC	<p style="text-align: center;">Articles of Incorporation of a Professional Corporation</p> <p>To prepare a professional corporation, you can fill out this form to prepare your own document, and submit for filing along with:</p> <ul style="list-style-type: none"> - a \$100 filing fee. - a separate, non-refundable \$15 service fee also must be included, if you drop off the completed form or document. <p>Important: Corporations in California may have to pay a minimum \$500 yearly fee to the California Franchise Tax Board. For more information go to https://www.ftb.ca.gov.</p> <p>Before submitting the completed form, you should consult with a private attorney familiar with your specific business needs.</p>
<div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div> <p style="text-align: center;">This Space For Office Use Only</p>	
<p style="text-align: center;">For questions about this form, go to www.sos.ca.gov/business-filing.asp or info@business-filing.sos.ca.gov</p>	
<p>Corporate Name: List the proposed corporate name. Control the California state board of accountancy that incorporates is listed and if the profession is addressed to be a corporation, the corporation and if there are any specific, corporate name style rules. Go to https://www.ftb.ca.gov for general corporate name requirements and restrictions.)</p>	
<p>① The name of the corporation is _____</p>	
<p>② The purpose of the corporation is to engage in the profession of _____ and/or any other lawful activities (other than the banking or trust company businesses) not prohibited to a corporation under the laws of the State of California, to exercise the powers and regulate the corporation in a professional corporation within the meaning of California Corporations Code section 13400 et seq.</p>	
<p>Service of Process: List a California resident or a California registered corporate agent that agrees to be your initial agent to accept service of process and to accept service of process by registered mail, by personal service and regular mail. The corporation is a professional corporation. Do not list an address if the name is a California registered corporate agent for the address for process is already on file.)</p>	
<p>a. Agent's Name _____</p>	<p style="text-align: right;">CA _____</p>
<p>b. Agent's Street Address (If agent is not a corporation - Do not list a P.O. Box) _____</p>	<p style="text-align: right;">City (no abbreviations) _____ State _____ Zip _____</p>
<p>Corporate Addresses</p>	
<p>a. Initial Street Address of Corporation (Do not list a P.O. Box) _____</p>	<p style="text-align: right;">City (no abbreviations) _____ State _____ Zip _____</p>
<p>b. Initial Mailing Address of Corporation (if different from a) _____</p>	<p style="text-align: right;">City (no abbreviations) _____ State _____ Zip _____</p>
<p>Shares: List the number of shares the corporation is authorized to issue. Note: Before shares of stock are sold or issued, the corporation must comply with the Corporate Securities Law of 1969 administered by the California Department of Business Oversight. For more information, see www.sos.ca.gov/sos/our-divisions/division-of-business-oversight at (800-735-2677.)</p>	
<p>① This corporation is authorized to issue only one class of shares of stock.</p>	
<p>The total number of shares which this corporation is authorized to issue is _____</p>	
<p>This form must be signed by each incorporator. If you need more space, attach extra pages that are 1-sided and on standard letter-sized paper (8 1/2" x 11"). All statements are made part of these articles of incorporation.</p>	
<p>Incorporator - Sign here</p> <p style="text-align: center;">Print your name here</p>	
<p>Make check/money order payable to: Secretary of State</p> <p>Upload this document in either 1) unclassified copy of your filed information for free, and will publish the document on the public website of the California State.</p>	<p style="text-align: center;">By Mail</p> <p>Secretary of State Business Entities Unit P.O. Box 942650 Sacramento, CA 95834-2650</p>
<p>Drop-off at the Secretary of State's Office</p> <p>1500 I Street, 4th Floor Sacramento, CA 95811</p>	<p style="text-align: center;">Drop-Off</p> <p>1500 I Street, 4th Floor Sacramento, CA 95811</p>
<p>For more information, visit www.sos.ca.gov or call (800) 999-9939. For questions call TOLL FREE 1 (877) 832-7273.</p> <p>ARTS-PC (01/2024)</p>	

	<h2 style="margin: 0;">State of California</h2> <h3 style="margin: 0;">Secretary of State</h3>	File # _____
<h3 style="margin: 0;">LIMITED LIABILITY COMPANY ARTICLES OF ORGANIZATION</h3>		
<p>A \$70.00 filing fee must accompany this form.</p> <p>IMPORTANT - Read instructions before completing this form.</p>		
ENTITY NAME (Enter the name with the words "Limited Liability Company," "Ltd. Liability Co.," the abbreviations "LLC" or "L.L.C.," or "name of LIMITED LIABILITY COMPANY"		This Space For Filing Use Only
<p>PURPOSE: (The following statement is required by statute and may not be altered):</p> <p style="margin-left: 20px;">I, the PURPOSER OF THE LIMITED LIABILITY COMPANY, IS TO ENCLUDE IN MY COMPANY, ACT OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED UNDER THE BEHAVIORAL LIMITED LIABILITY COMPANY ACT.</p> <p>INITIAL AGENT FOR SERVICE OF PROCESS: (If the agent is an individual, the agent must reside in California and within 4 miles to the principal office of a corporation. If the agent is not an individual, the agent must have an office with the California Secretary of State a certificate pursuant to Corporations Code section 15002 and Section 15001 must be completed (names have 4 slots).</p> <p>NAME OF INITIAL AGENT FOR SERVICE OF PROCESS _____</p>		
<p>4. IF AN INDIVIDUAL, ADDRESS OF INITIAL AGENT FOR SERVICE OF PROCESS IN CALIFORNIA CITY _____ STATE _____ ZIP CODE _____</p> <p style="text-align: center;">CA</p>		
<p>MANAGEMENT (Check only one):</p> <p>4. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY:</p> <p><input type="checkbox"/> ONE MANAGER</p> <p><input type="checkbox"/> MORE THAN ONE MANAGER</p> <p><input type="checkbox"/> LIMITED LIABILITY COMPANY (MEMBERS)</p>		
<p>ADDITIONAL INFORMATION</p> <p>5. ADDITIONAL INFORMATION SET FORTH ON THE ATTACHED PAGES, IF ANY, IS INCORPORATED HEREIN BY THIS REFERENCE AND MADE A PART OF THIS INSTRUMENT.</p>		
<p>EXECUTION</p> <p>6. I, DECLARER, AM THE PERSON WHO EXECUTED THIS INSTRUMENT. SIGNOR EXECUTION IS MY ACT AND DEED.</p> <p>SIGNATURE OF ORGANIZER _____ DATE _____</p> <p>TYPE OR PRINT WORDS OF ORGANIZER _____</p>		
<p>RETURN TO: (Enter the name and the address of the person or firm to whom a copy of this filed document should be returned.)</p> <p>NAME _____</p> <p>FIRM _____</p> <p>ADDRESS _____</p> <p>CITY/STATE/ZIP _____</p>		
<p>LAST PREP. EDITION: _____ APPROVED BY SECRETARY OF STATE</p>		

Legal Document Samples


2744080

State of California
Secretary of State

CERTIFICATE OF QUALIFICATION

I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify that on the 29th day of March, 2005, CORP, a corporation organized and existing under the laws of Delaware, complied with the requirements of California law in effect on that date for the purpose of qualifying to transact intrastate business in the State of California, and that as of said date said corporation became and now is qualified and authorized to transact intrastate business in the State of California, subject however, to any licensing requirements otherwise imposed by the laws of this State.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 29, 2005.


BRUCE McPHERSON
Secretary of State

Certificate of Qualification

LP-1 File #

State of California
Secretary of State

CERTIFICATE OF LIMITED PARTNERSHIP

A \$75 fee filing fee must accompany this form.

IMPORTANT - Read instructions before completing this form.

ENTRY NAME (Use the name with the words "Limited Partnership" or the abbreviation "LP" or "L.P.") This Space For Filing Use Only

1. NAME OF LIMITED PARTNERSHIP

INITIAL DESIGNATED OFFICE ADDRESS (Do not abbreviate the name of the city.)

2. ADDRESS OF INITIAL DESIGNATED OFFICE IN CALIFORNIA CITY STATE ZIP CODE
CA

INITIAL AGENT FOR SERVICE OF PROCESS (If the initial agent is an individual, the agent must reside in California and both items 3 and 4 must be completed. If the initial agent is a corporation, the agent must have an office in the State of California and both items 3 and 4 must be completed. Item 3 and 4 must be completed (please item 3 and 4 must be completed.)

3. NAME OF AGENT FOR SERVICE OF PROCESS CITY STATE ZIP CODE

4. IF AN INDIVIDUAL, ADDRESS OF INITIAL AGENT FOR SERVICE OF PROCESS IN CA CITY STATE ZIP CODE
CA

GENERAL PARTNERS (Enter the names and addresses of all the general partners. Attach additional pages, if necessary.)

5a. NAME ADDRESS CITY STATE ZIP CODE
5b. NAME ADDRESS CITY STATE ZIP CODE

ADDITIONAL INFORMATION

6. ADDITIONAL INFORMATION SET FORTH ON THE ATTACHED PAGES, IF ANY, IS INCORPORATED HEREIN BY THIS REFERENCE AND MADE A PART OF THIS CERTIFICATE.

EXECUTION (This instrument must be signed by all of the general partners. A separate signature space is necessary. The signatures may be made on an attachment to this certificate.)

7. I DECLARE AND THE PERSON WHO EXECUTES THIS INSTRUMENT, WHICHEVER EXECUTION IS BY ACT AND DEED.

DATE

SIGNATURE OF GENERAL PARTNER TYPE OR PRINT NAME OF GENERAL PARTNER

SIGNATURE OF GENERAL PARTNER TYPE OR PRINT NAME OF GENERAL PARTNER

APPROVED BY SECRETARY OF STATE

FILED

Certificate of Limited Partnership

S

State of California
Secretary of State

STATEMENT OF INFORMATION
(Domestic Stock Corporation)

FEES (Filing and Disclosure): \$25.00. If amendment, see instructions.

IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME (Please do not alter from as registered.)

DATE: (Use the date on which the Secretary of State receives this form.)

CALIFORNIA CORPORATE DISCLOSURE ACT (CORPORATE CODE SECTION 13600)
A publicly traded corporation must file with the Secretary of State a Corporate Disclosure Statement (Form S-1) annually, within 150 days after the end of its fiscal year. Please see instructions regarding this filing requirement.

COMPLETE ADDRESSES FOR THE FOLLOWING: (Do not abbreviate the name of the city. Items 3 and 4 cannot be a P.O. Box.)

2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE CITY AND STATE ZIP CODE
CA

NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS: (The corporation must have these three officers. A comparable title for the specific officer may be added, however, the prepared title on this form must not be altered.)

3. CHIEF EXECUTIVE OFFICER ADDRESS CITY AND STATE ZIP CODE
CA

4. SECRETARY ADDRESS CITY AND STATE ZIP CODE
CA

5. CHIEF FINANCIAL OFFICER ADDRESS CITY AND STATE ZIP CODE
CA

NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS: (The corporation must have at least three directors. Attach additional pages, if necessary.)

6. NAME ADDRESS CITY AND STATE ZIP CODE
7. NAME ADDRESS CITY AND STATE ZIP CODE
8. NAME ADDRESS CITY AND STATE ZIP CODE

AGENT FOR SERVICE OF PROCESS: (If the agent is an individual, the agent must reside in California and item 9 must be completed with a California street address. If the agent is a corporation, the agent must have an office in the State of California and item 9 must be completed with a California street address. Item 9 and item 10 must be completed (please item 9 and item 10 must be completed.)

9. NAME OF AGENT FOR SERVICE OF PROCESS CITY AND STATE ZIP CODE
CA

STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL: CITY STATE ZIP CODE
CA

TYPE OF BUSINESS:

10. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION

11. IF SUBMITTING TWO EXCHANGED INFORMATION TO THE SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY AMENDMENTS, IS TRUE AND CORRECT.

DATE SIGNATURE OF PERSON COMPLETING FORM TITLE APPROVED BY SECRETARY OF STATE

FILED

Statement of Information (Domestic Stock)

L

State of California
Secretary of State

STATEMENT OF INFORMATION
(Limited Liability Company)

Filing Fee \$25.00. If amendment, see instructions.

IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. LIMITED LIABILITY COMPANY NAME (Please do not alter from as registered.)

DATE: (Use the date on which the Secretary of State receives this form.)

FILE NUMBER AND STATE OR PLACE OF ORGANIZATION

2. SECRETARY OF STATE NUMBER CITY AND STATE ZIP CODE
CA

NO CHANGE STATEMENT
If there has been no change in any of the information contained in the last Statement of Information filed with the Secretary of State, check the box and proceed to item 13.

COMPLETE ADDRESSES FOR THE FOLLOWING: (Do not abbreviate the name of the city. Items 3 and 4 cannot be a P.O. Box.)

3. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE CITY AND STATE ZIP CODE
CA

NAMES AND COMPLETE ADDRESSES OF THE CHIEF EXECUTIVE OFFICER, IF ANY:

4. NAME ADDRESS CITY AND STATE ZIP CODE
CA

NAMES AND COMPLETE ADDRESSES OF ANY MANAGER OR MANAGERS, OR IF NONE HAVE BEEN APPOINTED OR ELECTED, PROVIDE THE NAME AND ADDRESS OF EACH MEMBER: (Attach additional pages, if necessary.)

5. NAME ADDRESS CITY AND STATE ZIP CODE
6. NAME ADDRESS CITY AND STATE ZIP CODE
7. NAME ADDRESS CITY AND STATE ZIP CODE

AGENT FOR SERVICE OF PROCESS: (If the agent is an individual, the agent must reside in California and item 9 must be completed with a California street address. If the agent is a corporation, the agent must have an office in the State of California and item 9 must be completed with a California street address. Item 9 and item 10 must be completed (please item 9 and item 10 must be completed.)

9. NAME OF AGENT FOR SERVICE OF PROCESS CITY AND STATE ZIP CODE
CA

STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL: CITY STATE ZIP CODE
CA

TYPE OF BUSINESS:

10. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY

11. IF SUBMITTING TWO EXCHANGED INFORMATION TO THE SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY AMENDMENTS, IS TRUE AND CORRECT.

DATE SIGNATURE OF PERSON COMPLETING FORM TITLE APPROVED BY SECRETARY OF STATE

FILED

Statement of Information (LLC)

F

State of California
Secretary of State

STATEMENT OF INFORMATION
(Foreign Corporation)

FEES (Filing and Disclosure): \$25.00. If amendment, see instructions.

IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME (Please do not alter from as registered.)

DATE: (Use the date on which the Secretary of State receives this form.)

NO CHANGE STATEMENT (That application if agent address of record is a P.O. Box address. See instructions.)

If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to item 13.

COMPLETE ADDRESSES FOR THE FOLLOWING: (Do not abbreviate the name of the city. Items 3 and 4 cannot be a P.O. Box.)

2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE CITY STATE ZIP CODE
CA

STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY: CITY STATE ZIP CODE
CA

NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS: (The corporation must have these three officers. A comparable title for the specific officer may be added, however, the prepared title on this form must not be altered.)

3. CHIEF EXECUTIVE OFFICER ADDRESS CITY STATE ZIP CODE
CA

4. SECRETARY ADDRESS CITY STATE ZIP CODE
CA

5. CHIEF FINANCIAL OFFICER ADDRESS CITY STATE ZIP CODE
CA

AGENT FOR SERVICE OF PROCESS: (If the agent is an individual, the agent must reside in California and item 9 must be completed with a California street address. If the agent is a corporation, the agent must have an office in the State of California and item 9 must be completed with a California street address. Item 9 and item 10 must be completed (please item 9 and item 10 must be completed.)

9. NAME OF AGENT FOR SERVICE OF PROCESS CITY STATE ZIP CODE
CA

STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL: CITY STATE ZIP CODE
CA

TYPE OF BUSINESS:

10. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION

11. IF SUBMITTING TWO EXCHANGED INFORMATION TO THE SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY AMENDMENTS, IS TRUE AND CORRECT.

DATE SIGNATURE OF PERSON COMPLETING FORM TITLE APPROVED BY SECRETARY OF STATE

FILED

Statement of Information (Foreign Corp)

N

State of California
Secretary of State

Statement of Information
(Domestic Nonprofit, Credit Union and Consumer Cooperative Corporations)

Filing Fee \$25.00. If it is an amendment, see instructions.

IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME

2. CALIFORNIA CORPORATE NUMBER

Complete Principal Office Address: (Do not abbreviate the name of the city. Item 3 cannot be a P.O. Box.)

3. STREET ADDRESS OF PRINCIPAL OFFICE IN CALIFORNIA, IF ANY CITY STATE ZIP CODE
CA

4. MINIMAL ADDRESS OF THE CORPORATION: CITY STATE ZIP CODE
CA

NAMES AND Complete Addresses of the Following Officers: (The corporation must have these three officers. A comparable title for the specific officer may be added, however, the prepared title on this form must not be altered.)

5. CHIEF EXECUTIVE OFFICER ADDRESS CITY AND STATE ZIP CODE
CA

6. SECRETARY ADDRESS CITY AND STATE ZIP CODE
CA

7. CHIEF FINANCIAL OFFICER ADDRESS CITY AND STATE ZIP CODE
CA

Agent for Service of Process: (If the agent is an individual, the agent must reside in California and item 9 must be completed with a California street address. If the agent is a corporation, the agent must have an office in the State of California and item 9 must be completed with a California street address. Item 9 and item 10 must be completed (please item 9 and item 10 must be completed.)

9. NAME OF AGENT FOR SERVICE OF PROCESS CITY AND STATE ZIP CODE
CA

STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL: CITY STATE ZIP CODE
CA

Common Interest Developments

10. Check box if the corporation is an association formed to manage a common interest development under the Davis-Stirling Common Interest Development Act, California Civil Code section 4100, et seq. (If the corporation is a common interest development, the corporation must file a Statement by Common Interest Development Association (Form S-CID) as required by California Civil Code sections 4100 and 4105. Please see instructions on the reverse side of this form.)

11. IF SUBMITTING TWO EXCHANGED INFORMATION TO THE SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY AMENDMENTS, IS TRUE AND CORRECT.

DATE SIGNATURE OF PERSON COMPLETING FORM TITLE APPROVED BY SECRETARY OF STATE

FILED

Statement of Information (Non-Profit)

LP-1 File #

State of California
Secretary of State

FOREIGN LIMITED PARTNERSHIP APPLICATION FOR REGISTRATION

A \$75 fee filing fee and a certificate of good standing by an authorized public official of the jurisdiction of formation must accompany this form.

IMPORTANT - Read instructions before completing this form.

ENTRY NAME (See instructions for name requirements in the State of California.) This Space For Filing Use Only

1. NAME OF FOREIGN LIMITED PARTNERSHIP

2. ALTERNATE NAME (If the name is item 1 does not comply with the requirements of California Corporations Code section 13600, see instructions.)

OFFICE ADDRESSES: (Please do not abbreviate the name of the city.)

3. ADDRESS OF PRINCIPAL OFFICE CITY STATE ZIP CODE
CA

4. ADDRESS OF OFFICE REQUIRED IN THE JURISDICTION OF FORMATION, IF ANY CITY STATE ZIP CODE
CA

DATE AND PLACE OF ORGANIZATION

5. THE FOREIGN LIMITED PARTNERSHIP WAS FORMED ON _____ UNDER THE LAWS OF _____

INITIAL AGENT FOR SERVICE OF PROCESS IN CALIFORNIA: (If the initial agent is an individual, the agent must reside in California and both items 6 and 7 must be completed. If the initial agent is a corporation, the agent must have an office in the State of California and both items 6 and 7 must be completed. Item 6 and 7 must be completed (please item 6 and 7 must be completed.)

6. NAME OF AGENT FOR SERVICE OF PROCESS CITY STATE ZIP CODE
CA

7. IF AN INDIVIDUAL, ADDRESS OF INITIAL AGENT FOR SERVICE OF PROCESS IN CA CITY STATE ZIP CODE
CA

GENERAL PARTNERS: (Enter the names and addresses of all the general partners. Attach additional pages, if necessary. If any are nonresident, then by this reference and make part of this document.)

8a. NAME ADDRESS CITY STATE ZIP CODE
8b. NAME ADDRESS CITY STATE ZIP CODE

FOREIGN LIMITED LIABILITY LIMITED PARTNERSHIP

9. I, _____, UNDER THE LAWS OF _____, A FOREIGN LIMITED LIABILITY LIMITED PARTNERSHIP.

EXECUTION: (This document must be signed by at least one general partner of the foreign limited partnership. If additional signature space is necessary, the signatures may be made on an attachment to this document.)

10. I DECLARE AND THE PERSON WHO EXECUTES THIS INSTRUMENT, WHICHEVER EXECUTION IS BY ACT AND DEED.

DATE SIGNATURE OF GENERAL PARTNER TYPE OR PRINT NAME OF GENERAL PARTNER

APPROVED BY SECRETARY OF STATE

FILED

Foreign LP Application for Registration

F

State of California
Secretary of State

Statement of Information
(Foreign Corporation)

FEES (Filing and Disclosure): \$25.00. If amendment, see instructions.

IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME (Please do not alter from as registered.)

2. CALIFORNIA CORPORATE NUMBER

No Change Statement: (That application if agent address of record is a P.O. Box address. See instructions.)

If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to item 13.

COMPLETE ADDRESSES FOR THE FOLLOWING: (Do not abbreviate the name of the city. Items 3 and 4 cannot be a P.O. Box.)

2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE CITY STATE ZIP CODE
CA

STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY: CITY STATE ZIP CODE
CA

NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS: (The corporation must have these three officers. A comparable title for the specific officer may be added, however, the prepared title on this form must not be altered.)

3. CHIEF EXECUTIVE OFFICER ADDRESS CITY STATE ZIP CODE
CA

4. SECRETARY ADDRESS CITY STATE ZIP CODE
CA

5. CHIEF FINANCIAL OFFICER ADDRESS CITY STATE ZIP CODE
CA

Agent for Service of Process: (If the agent is an individual, the agent must reside in California and item 9 must be completed with a California street address. If the agent is a corporation, the agent must have an office in the State of California and item 9 must be completed with a California street address. Item 9 and item 10 must be completed (please item 9 and item 10 must be completed.)

9. NAME OF AGENT FOR SERVICE OF PROCESS CITY STATE ZIP CODE
CA

STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL: CITY STATE ZIP CODE
CA

TYPE OF BUSINESS:

10. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION

11. IF SUBMITTING TWO EXCHANGED INFORMATION TO THE SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY AMENDMENTS, IS TRUE AND CORRECT.

DATE SIGNATURE OF PERSON COMPLETING FORM TITLE APPROVED BY SECRETARY OF STATE

FILED

Registered LLP Registration

LLC-1 File #

State of California
Secretary of State

LIMITED LIABILITY COMPANY APPLICATION FOR REGISTRATION

A \$75 fee filing fee and a certificate of good standing by an authorized public official of the jurisdiction of formation must accompany this form.

IMPORTANT - Read instructions before completing this form.

ENTRY NAME (See the name in item 1 with the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C." The words "Limited" and "Company" may be abbreviated to "LLC" and "Co.", respectively.) This Space For Filing Use Only

1. NAME UNDER WHICH THE FOREIGN LIMITED LIABILITY COMPANY INTENDS TO REGISTER AND TRANSACT BUSINESS IN CALIFORNIA

2. NAME OF THE FOREIGN LIMITED LIABILITY COMPANY, IF DIFFERENT FROM THAT ENTERED IN ITEM 1 ABOVE

DATE AND PLACE OF ORGANIZATION

3. THIS FOREIGN LIMITED LIABILITY COMPANY WAS FORMED ON _____ IN _____ (CITY AND STATE OR COUNTRY)

4. AND IS AUTHORIZED TO EXERCISE ITS POWERS AND PRIVILEGES IN THAT STATE OR COUNTRY

AGENT FOR SERVICE OF PROCESS: (If the agent is an individual, the agent must reside in California and both items 5 and 6 must be completed. If the agent is a corporation, the agent must have an office in the State of California and both items 5 and 6 must be completed. Item 5 and 6 must be completed (please item 5 and 6 must be completed.)

5. NAME OF AGENT FOR SERVICE OF PROCESS CITY STATE ZIP CODE
CA

6. NAME OF AGENT FOR SERVICE OF PROCESS CITY STATE ZIP CODE
CA

IF AN INDIVIDUAL, ADDRESS OF INITIAL AGENT FOR SERVICE OF PROCESS IN CALIFORNIA: CITY STATE ZIP CODE
CA

APPOINTMENT: (This document is required by statute and should not be altered.)

7. IN THE EVENT THIS ABOVE AGENT FOR SERVICE OF PROCESS RESIDES AND IS NOT REPLACED, OR IF THE AGENT CANNOT BE FOUND OR SERVED WITH THE SERVICE OF MANUALLY DELIVERED THE SECRETARY OF STATE OF THE STATE OF CALIFORNIA IS HEREBY APPOINTED AS THE AGENT FOR SERVICE OF PROCESS OF THIS FOREIGN LIMITED LIABILITY COMPANY.

OFFICE ADDRESSES: (Do not abbreviate the name of the city.)

8. ADDRESS OF THE PRINCIPAL EXECUTIVE OFFICE CITY AND STATE ZIP CODE
CA

9. ADDRESS OF THE PRINCIPAL OFFICE IN CALIFORNIA, IF ANY CITY STATE ZIP CODE
CA

EXECUTION:

10. I DECLARE AND THE PERSON WHO EXECUTES THIS INSTRUMENT, WHICHEVER EXECUTION IS BY ACT AND DEED.

DATE SIGNATURE OF AUTHORIZED PERSON TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

APPROVED BY SECRETARY OF STATE

FILED

LLC Application for Registration