

BARBARA K. CEGAVSKE Secretary of State 202 North Carson Street Carson City, Nevada 89701-4201 (775) 684-5708

Website: www.nvsos.gov

Certificate of Business Trust (PURSUANT TO NRS CHAPTER 88A)

USE BLACK INK ONLY - DO	NOT HIGHLIGHT	ABOVE	SPACE IS FOR	R OFFICE USE ONLY
1. Name of Business Trust: (must include the words Business Trust, B.T., or BT)				
2. Registered Agent for Service of Process: (check only one box)	Commercial Registered Agent: Name Noncommercial Registered Agent (name and address below) Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity Nevada			
	Street Address Mailing Address (if different from street address)	City	Nevada	Zip Code
3. Names and Addresses of Trustees: (must include the name and post office box or street address, either residence or business, of at least one trustee; attach an additional page if listing more than 3)	1) Name	City City City City	State State State	Zip Code Zip Code Zip Code
4. Name, Address and Signature of Each Person Forming the Business Trust: (must be signed by each person forming the business trust; attach an additional page if more than 2)	I declare, to the best of my knowledge under penalty of post that pursuant to NRS 239.330, it is a category C felony to the Secretary of State. Name Address Address	erjury, that the information contained he	rein is correct	and acknowledge
5. Certificate of Acceptance of Appointment of Registered Agent:	I hereby accept appointment as Registered Agent for the above named Er Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity			.p 2230