



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

Certificate of Revival
 (PURSUANT TO NRS CHAPTER 86)
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USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

5. Names and addresses of managers, or if there are no managers, all of the managing members must be set forth: (additional pages may be attached as necessary)

<input style="width: 95%;" type="text"/>	Manager or Managing Member		
Name			
<input style="width: 35%;" type="text"/>	<input style="width: 35%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 20%;" type="text"/>
Address	City	State	Zip Code

<input style="width: 95%;" type="text"/>	Manager or Managing Member		
Name			
<input style="width: 35%;" type="text"/>	<input style="width: 35%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 20%;" type="text"/>
Address	City	State	Zip Code

<input style="width: 95%;" type="text"/>	Manager or Managing Member		
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6. The undersigned declare that the foreign limited-liability company desires to revive its registration and is, or has been, organized and carrying on the business authorized by its existing or original registration and amendments thereto, and desires to continue through revival its existence pursuant to and subject to the provisions of NRS 86.5467.

7. The undersigned declares that he/she has obtained approval by written consent of the majority in interest and that this consent was secured.

I declare under the penalty of perjury that the revival has been authorized by a court of competent jurisdiction or by the duly selected manager or managers of the entity or if the entity has no managers, its managing members.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X

Signature

Date

A REGISTERED AGENT ACCEPTANCE MUST ACCOMPANY THIS CERTIFICATE

IMPORTANT: Failure to include any of the above information and submit with the proper fees may cause this filing to be rejected.