

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify that the attached transcript of 2 pages is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California on this day of

SHIRLEY N. WEBER, Ph.D. Secretary of State

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Verification Number: Entity (File) Number:

To verify the issuance of this Certificate, use the Verification Number above with the Secretary of State Electronic Verification Search available at bizfile.sos.ca.gov



Corporation - Statement of Information

Entity (File) Number:

File Date:

Entity Type: Corporation

Jurisdiction:

Document ID:

Detailed Filing Information

- 1. Entity Name:
- 2. Business Addresses:
 - a. Street Address of Principal Office in California:
 - b. Mailing Address:
- 3. Officers:
 - a. Chief Executive Officer:
 - b. Secretary:

Certificate Verification Number: Use bizfile.sos.ca.gov to verify the certified copy.

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Agent for Service of Proces	ss:
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By signing this document, I certify that the information is true and correct and that I am authorized by California law to sign.

Electronic Signature:

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