	e of California cretary of State			
Statem (Domestic Nonprofit, Credit Ur	nent of Information nion and General Cooperati	ve Corporations)		
Filing Fee: \$20.00. If th IMPORTANT – READ INSTRU	iis is an amendment, see i JCTIONS BEFORE COMPLE	nstructions. TING THIS FORM		
1. CORPORATE NAME				
MAILING ADDRESS OF THE CORPORAT	ΓΙΟΝ	CITY	STATE	P CODE
Names and Complete Addresses	of the Following Officers (TI	ne corporation must list these three of		
Names and Complete Addresses	of the Following Officers (TI	ne corporation must list these three of		
Names and Complete Addresses officer may be added; however, the prepr	of the Following Officers (Ti rinted titles on this form must not be	ne corporation must list these three of e altered.)	ficers. A compara	ble title for the specif

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, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 9 must be left blank.