

STATE OF NEVADA

BARBARA K. CEGAVSKE

Secretary of State

JEFFERY LANDERFELT

Deputy Secretary
for Commercial Recordings



Commercial Recordings Division

202 N. Carson Street
Carson City, NV 89701-4201
Telephone (775) 684-5708
Fax (775) 684-7138

OFFICE OF THE
SECRETARY OF STATE

MOUNTAIN SPRINGS OASIS LLC

Job: C20150618-0608

July 2, 2015

NV

Special Handling Instructions:

ANNUAL LIST/ BUSINESS LICENSE FILED 7/02/15 FILE STAMPED COPY SENT EMAIL SM

Charges

Description	Document Number	Filing Date/Time	Qty	Price	Amount
Annual List	20150275995-65	6/18/2015 9:52:22 AM	1	\$125.00	\$125.00
Business License 6/2015-6/2016	20150275995-65	6/18/2015 9:52:22 AM	1	\$200.00	\$200.00
Total					\$325.00

Payments

Type	Description	Amount
Check	Check #811109	\$325.00
Total		\$325.00

Credit Balance: \$0.00

Job Contents:

File Stamped Copy(s):	1
Business License(s):	1

MOUNTAIN SPRINGS OASIS LLC

NV

INITIAL/ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND STATE BUSINESS LICENSE APPLICATION OF:

MOUNTAIN SPRINGS OASIS LLC

NAME OF LIMITED-LIABILITY COMPANY

E0386652005-1

ENTITY NUMBER

FOR THE FILING PERIOD OF 2015 TO 2016. DUE BY 6/30/2015



100401

USE BLACK INK ONLY - DO NOT HIGHLIGHT

YOU MAY FILE THIS FORM ONLINE AT www.nvsilverflume.gov

Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form

1. Print or type names and addresses, either residence or business, for all managers or managing members. A Manager, or if none, Managing Member of the LLC or other person authorized by the LLC must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
2. If there are additional managers or managing members, attach a list of them to this form.
3. Annual list fee is \$125.00. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. State Business License fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure for file form by deadline.
5. Make your check payable to the Secretary of State.
6. Ordering Copies: If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201. (775) 684-5708.
8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada	Document Number 20150275995-65 Filing Date and Time 06/18/2015 9:52 AM Entity Number E0386652005-1
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ABOVE SPACE IS FOR OFFICE USE ONLY

ANNUAL LIST FILING FEE: \$125.00

LATE PENALTY: \$75.00 (if filing late)

BUSINESS LICENSE FEE: \$200.00

LATE PENALTY: \$100.00 (if filing late)

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW

Pursuant to NRS, this entity is exempt from the business license fee. Exemption Code:

NRS 76.020 Exemption Codes

- 001 - Governmental Entity
- 005 - Motion Picture Company
- 006 - NRS 680B.020 Insurance Co.

NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

LEETTA GORDON NAME: ----- 8975-4 LAWRENCE WELK DRIVE ADDRESS: -----	MANAGER OR MANAGING MEMBER ----- ESCONDIDO CA 92026 CITY: STATE: ZIP:
NAME: ----- ADDRESS: -----	MANAGER OR MANAGING MEMBER ----- CITY: STATE: ZIP:
NAME: ----- ADDRESS: -----	MANAGER OR MANAGING MEMBER ----- CITY: STATE: ZIP:
NAME: ----- ADDRESS: -----	MANAGER OR MANAGING MEMBER ----- CITY: STATE: ZIP:

None of the managers or managing members identified in the list of managers and managing members has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of a manager or managing member in furtherance of any unlawful conduct.

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 *Leetta Gordon*
Signature of Manager, Managing Member or Other Authorized Signature

Title
managing member

Date
6/2/15

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

MOUNTAIN SPRINGS OASIS LLC

Nevada Business Identification # NV20051386809

Expiration Date: June 30, 2016

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 2, 2015

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

You may verify this license at www.nvsos.gov under the Nevada Business Search.

**License must be cancelled on or before its expiration date if business activity ceases.
Failure to do so will result in late fees or penalties which by law cannot be waived.**