

**Statement and Designation  
by Foreign Association**

For Office Use Only  
**-FILED-**  
File No.: 6418555  
Date Filed: 10/3/2024

220 E Grant Statutory Trust  
[Name of Association]

\_\_\_\_\_, a business trust organized and existing under the laws of Wyoming, makes the following statements and designation:  
[State or Place of Organization]


- 1. The street address of its principal executive office is 1718 Capitol Avenue, Cheyenne, WY 82001
- 2. The street address of its principal office in the State of California is \_\_\_\_\_  
[If none, leave Item 2 blank.]
- 3. The mailing address of its principal executive office is \_\_\_\_\_  
[If the same as Item 1 or 2, leave Item 3 blank.]

**Designation of Agent for Service of Process in the State of California**  
(Complete either Item 4 or Item 5.)

4. [Use this paragraph if designating an agent for service of process **who is a natural person.**]  
\_\_\_\_\_, a natural person residing in the State of California, whose complete street address is \_\_\_\_\_, is designated as agent upon whom process directed to this association may be served within the State of California, in the manner provided by law.

5. [Use this paragraph if designating an agent for service of process **who is a corporation.**]  
Northwest Registered Agent, Inc. is designated as agent upon whom process directed to this association may be served within the State of California, in the manner provided by law.

6. It irrevocably consents to service of process directed to it upon the agent designated above, and to service of process on the Secretary of State of the State of California if the agent so designated or the agent's successor is no longer authorized to act or cannot be found at the address given.

  
\_\_\_\_\_  
[Signature of Officer or Trustee]

Carter Coons, Esq., Signatory Trustee  
\_\_\_\_\_  
[Typed Name and Title of Officer or Trustee Signing]

*Item 4: If an individual is designated as the agent for service of process, include the agent's business or residential **street** address in California (a P.O. Box address is not acceptable). Item 5: If a corporation is designated as the agent for service of process, do not include the address of the designated corporation. **Note:** Corporate agents must have complied with California Corporations Code section 1505 prior to designation, and an association cannot act as its own agent.*

If the foreign association has officers, complete the Officers' Certificate below. If the foreign association has no officers, complete the Trustees' Certificate below.

### Officers' Certificate

\_\_\_\_\_ and \_\_\_\_\_

declare under penalty of perjury that they are two of the officers of \_\_\_\_\_

\_\_\_\_\_, a validly organized and existing

business association organized as a trust under the laws of \_\_\_\_\_

Executed at \_\_\_\_\_ on \_\_\_\_\_  
[City and State] [Date]

\_\_\_\_\_  
[Signature of Officer]

\_\_\_\_\_  
[Typed Name and Title of Officer]

\_\_\_\_\_  
[Signature of Officer]

\_\_\_\_\_  
[Typed Name and Title of Officer]

### Trustees' Certificate


Carter Coons \_\_\_\_\_ and \_\_\_\_\_

declare under penalty of perjury that they are two of the trustees or single trustee of \_\_\_\_\_

220 E Grant Statutory Trust \_\_\_\_\_, a validly organized and existing

business association organized as a trust under the laws of Wyoming \_\_\_\_\_

Executed at Tacoma, Washington on 09/27/2024  
[City and State] [Date]

  
\_\_\_\_\_  
[Signature of Trustee]

Carter Coons, Esq., Signatory Trustee  
\_\_\_\_\_  
[Typed Name and Title of Trustee Signing]

\_\_\_\_\_  
[Signature of Trustee]

\_\_\_\_\_  
[Typed Name and Title of Trustee Signing]