



## Corporation - Statement of Information No Change

| Entity Name:          |             |
|-----------------------|-------------|
|                       |             |
|                       |             |
| Entity (File) Number: |             |
| File Date:            |             |
| Entity Type:          | Corporation |
| Jurisdiction:         |             |
| Document ID:          |             |
|                       |             |

There has been no change in any of the information contained in the previous complete Statement of Information filed with the California Secretary of State.

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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