

Secretary of State Application for Registration Foreign Limited Partnership (LP)

202029500020



IMPORTANT — Read Instructions before completing this form.								
Foreign Certificate of Good Standing is required. See Instructions.								
Filing Fee		\$70.00						
Copy Fees	-	First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00						
	ran	d LPs in California may have to pay minimum \$800 tax to the chise Tax Board each year. For more information, go to ea.gov.						

https://www.ftb.ca.gov.	on, go to	Above Space For Office Use Only					
1. Name of Foreign LP (See Instructions - Only enter an all	temate name	if the foreign LF	P name in Ite	m 1a is not availa	ble in CA.)	
1a. Enter the Exact Name of the Foreign LP (as listed on the Certif Good Standing.)	1b. Enter the Alternate Name to be Used in California, If required.						
PeakEquity Partners Management Co., L.P.							
2. LP History (See Instructions – Ensure that the formation of	late and juriso	diction match the	e attached C	ertificate of Good	Standing.)	
2a. Date LP was formed in home jurisdiction (MM/DD/YYYY)	ction (State, foreign country or place where this LP is formed.)						
05 / 06 / 2014		Delaware					
3. Business Addresses (Enter the complete business ad	ldresses. Item	ns 3a and 3b ca	nnot be a P.	O. Box or "In care	of" an indi	vidual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)			State	Zip Code		
1140 Las Lomas Avenue		Pacific Palisades			CA	90272	
b. Mailing Address of Principal Office, if different than item 3a		City (no abbreviations)			State	Zip Code	
555 E. Lancaster Ave, Suite 500		Radnor			PA	19087	
c. Address of required office in Jurisdiction of Formation, if any		City (no abbreviations)			State	Zip Code	
Service of Process (Must provide either Individual OR (INDIVIDUAL – Complete Items 4a and 4b only. Must include	*	Iame and Califor	rnia street ad	dress.		1	
a. California Agent's First Name (if agent is not a corporation)		Middle Name		Last Name		Suffix	
b. Street Address (if agent is not a corporation) - Do not enter a P.O.	City (no abbreviations)			State	Zip Code		
CORPORATION - Complete Item 4c only. Only include the n	name of the re	gistered agent	Corporation.				
c. California Registered Corporate Agent's Name (if agent is a corporate	tion) – Do not	complete Item 4a	a or 4b				
C T Corporation System							
5. General Partners (Enter the name and addresses of all the	he General Pa	artners. Attach	additional pa	ges, if necessary.)		
5a. General Partner's Name							

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CaseWinn LLC 5b. General Partner's Address Zip Code City (no abbreviations) State 19087 555 E. Lancaster Ave, Suite 500 Radnor PA

6. Foreign Limited Liability Limited Partnership (Check this box only if applicable)
Check this box if the foreign limited partnership is a foreign limited liability limited partnership.

All attachments are part of this document. I declare that I am the person who signed this instrument, which is my act and deed. I further declars the information is true and correct, and I am authorized to sign.

General Partner's Signature

John Nowaczyk, CFO of CaseWinn LLC, General Parties

Type or Print Name



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PEAKEQUITY PARTNERS MANAGEMENT CO.,

L.P." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PEAKEQUITY

PARTNERS MANAGEMENT CO., L.P." WAS FORMED ON THE SIXTH DAY OF MAY,

A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5528893 8300 SR# 20207788546

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bidlock, Societary of State

Authentication: 203853721

Date: 10-13-20