Climited Lability Company PRORTATT - Read instructions before completing this form. FINDERTATT - Read instructions before completing this form. State Completing Company Name (Enter the coact nerve of the LLC if your registered in California using an attention nerve, see restructions. Climited Lability Company Name (Enter the coact nerve of the LLC if your registered in California Using an attention nerve, see restructions. Climited Lability Company Name (Enter the coact nerve of the LLC if your registered in California Using an attention nerve, see restruction of the Mane Completing Mane Com	Secretary of State Statement of Information (Limited Liability Company)		LC-12	21-D90103				
INPORTANT — Read instructions before completing this form. Filing Fee - \$20.00 Copy Fees - First page \$1.00; each attachment page \$0.50; Certification Fee - \$50.00 plus copy fees This Space For Office Use Only This			FIL		FILE	ED		
AUG 02, 2021 Copy Fees – First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00 plus copy fees 1. Limited Liability Company Name (:nerr the exact name of the LLC. If you registered in California using an alternate name, see Instructions.) VALLEY FRONT CONSULTING LLC 2. 12-Digit Secretary of State File Number 202121110614 3. State, Foreign Country or Place of Organization (only if formed outside of California) A. Busines Address of Process 4732 Lone Valley Dr. Cal (or abbreviations) Cal (or 2027) Steel Address of Elected ID: alter ADD (Dec Verdes) Cal (or abbreviations) Cal (or 2027) Steel Address of Elected ID: alter ADD (Dec Verdes) Cal (or abbreviations) Steel Address of California AB is not in California - Do not late ADD (Dec Verdes) Cal (or 2027) Steel Address of California AB is not in California - Do not late ADD (Dec Verdes) Cal (or 2027) Cal (or 2027) Steel Address of California AB is not in California - Do not late ADD (Dec Verdes) Cal (or 2027) Cal (or 2027) Arrow Address of California AB is not in California - Do not late ADD (Dec Verdes) Cal (or 2027) Cal (or 2027) Steel Address of Address of Address of California AB is not in California AB is	IMPORTANT — Read instructions before completing this form.							
Copy Fees - First page \$1.00; each attachment page \$0.00; Certification Fee - \$5.00 plus copy fees This Space For Office Use Only 1. Limited Liability Company Name (First the exact name of the LLC. If you registered in California using an alternate name, see individuos) VALLEY FRONT CONSULTING LLC 2. 12.Digit Secretary of State File Number 202121106141 3. State, Foreign Country or Place of Organization (only if formed outside of California) CALIFORNIA 4. Burnes Addresses Only too atheniation) CALIFORNIA 4. State, Foreign Country or Place of Organization (only if formed outside of California) Data (2012)2110614 Only too atheniation) 5. Managedites Addresses CALIFORNIA Only too atheniation) CALIFORNIA 4. State, Foreign Country or Place of Gata member A like in the fait on the California of the State File Addresses CALIFORNIA Only too atheniation) 5. Managed(s) or Member(s) If no managers have been apported of state file on the State File Addresses on Form LLC 124 (see finanzio)). If no managers member is an individual, complete litter file address on form LLC 124 (see finanzio)). If no managers members is an individual, complete litter file address on form LLC 124 (see finanzio)). If no managers member is an individual, complete litter file address. State 6. Manager(s) or Member(s) If no managers have been address on Form LLC 124 (see finanzio)). If no managers members is an individual, complete litter file address. State 7. State Address of Process. (Matat prov	 Filing Fee – \$20.00							
This Space For Office Use Only This Space For Office Use Only ALLEY FRONT CONSULTING LLC Califormal Mane (Enter the stact name of the LLC. If you registered in California using an attemate name, see indiructions.) Califormal Mane (Enter the stact name of the LLC. If you registered in California using an attemate name, see indiructions.) Califormal Mane (Enter the stact name of the LLC. If you registered in California using an attemate name, see indiructions.) Califormal Mane (Enter the stact name of the LLC. If you registered in California Using Adments of Proceed of Organization (m) if formed outside of California. Do not its a P.O. Box Califorma Miles, Dir. State Adments of California Office, If them as is not in California Dr not ist a P.O. Box Adment Adments of California Office, If them as is not in California Dr not ist a P.O. Box Adment Adment Adments of California Office, If them as is not in California Dr not ister as a Dome address of each member. At least one anary address of each member. At least one anary address of each member. At least one anary address of each member. Manage (Bor Member(S) If no managers have been appointed or electer. provide electers of PMILLC 2tA (see interpretion). Madde Mane Mane Ob not correlate them 8 (Adment Adment Mane Mage Mane Made Mane<			AUG 02, 2021					
1. Limited Liability Company Name (Inter the sead name of the LLC. If you registered in California using an attenuite name, see indiructions.) VALLEY FRONT CONSULTING LLC 2. 12-Digit Secretary of State File Number 202121110614 3. State, Foreign Country or Place of Organization (only if formed outside of California) CALIFORNIA 4. Business Addresses 3. State, Adresse (CA) 3. State, Foreign Country or Place of Organization (only if formed outside of California) CALIFORNIA 4. Business Addresses 3. State, Adresse (CA) 3. State, Foreign Country or Place of Organization (only if formed outside of California) 4. Business Addresses 3. State, Adresse (CA) 3. State, Foreign Country or Place of Organization (only if formed outside of California) 4. Business Addresses 3. State, Adresse (CA) 4. State Addresses 4. CA 4. State 4. CA 4. Sta			This Space For Office Use Only					
2. 12-Digit Secretary of State File Number 202121110614 3. State, Foreign Country or Place of Organization (only if formed outside of California) CALIFORNIA 4. Business Addresses 3. Stead Address of Principal Office. Durat late 0-0. Box 4732 Lone Valley Dr. California attraction (only if formed outside of California) (Dr to attraction (only if formed outside of California) 4732 Lone Valley Dr. Stead Address of CAL Stead 90275 5. Manag Addresses 4732 Lone Valley Dr. California - Do not list a P.O. Box 4732 Lone Valley Dr. Stead Address of California - Do not list a P.O. Box 4732 Lone Valley Dr. Stead Address of California - Do not list a P.O. Box 4732 Lone Valley Dr. If no managers have been appointed or elected, provide the name and address of each member. At least one name and address of mant the listed. If the managerimember is an individual, complete litternis is and 50 (Steak Hen is is band). If the managerimember is an individual - Do not complete item 50 Madde karne Leat Name State 20 Code 90275 6. Address 4732 Lone Valley Dr. Chy (to atbreviations) mat the litter individual OR Corporation. Chy (to atbreviations) Madde karne State Zip Code 20 CA State Zip Code 30275 6. Service of Process 4732 Lone Valley Dr. Chy (to atbreviations) Madde karne Leat Name State Zip Code 30275 6. Service of Process 4732 Lone Valley Dr. Chy (to atbreviations) Madde karne Leat Name State Zip Code CA State	1. Limited Liability Company Name (Enter the exact name of the	LLC. If you r	egistered in Califor					
20212110614 CALIFORNIA 4. Business Addresses	VALLEY FRONT CONSULTING LLC							
4. Business Addresses a. Street Address of Principal Office - Do not ist a P.O. Box City (no abbreviations) Stret Z/p Code 7.32 Lone Valley Dr. Calley Dr. Rancho Palos Verdes CA 90275 c. Maining Address of U.C. if different than item 4a City (no abbreviations) Strets Z/p Code c. Stret Address of California Office, If them 4a is not in California - Do not ist a P.O. Box City (no abbreviations) Strets Z/p Code c. Stret Address of California Office, If them 4a is not in California - Do not ist a P.O. Box City (no abbreviations) Strets Z/p Code c. Manager Is in the best of the manager interpole is an individual - Do not complete litems 3a and 5c (leave litem 4b is set of the manager and addresses on Forthers). If no managers interpole is an individual - Do not complete litem 3a is a set own manager of member. All term and addresses on Forthers). If no managers interpole is an individual - Do not complete litem 3b is a set own manager of member. All term and addresses on Forthers). Suffix a. First Name, If an individual - Do not complete litem 5 and Sc (leave litem 4b is a do addresses on Forthers). Suffix Z/p Code c.Address of Process (Must provide either Individual OR Corporation.) Middle Name Last Name Suffix b. Entry Name - Do not complete litem 5 and 50 only. Must include agent 5 is a corporation.) Middle Name Last N		•	•	ry or Place o	of Organization (only if for	rmed out	side of (California)
a Street Address of Principa Office - Do not list a P.O. Rox 4732 Lone Valley Dr. Cally (no abbreviations) Calley Address of LiC, if different than item 4a City (no abbreviations) CAL 90275 CAL 90	202121110614	CALIFO	ORNIA					
4732 Lone Valley Dr. Rancho Palos Verdes CA 90275 b Maling Address of LOL of different than item 44 Can be absorbed to the construction of th							T	
b. Maing Address of LLC, if different than item 4a City (no abbreviations) Ci		,						
a Steet Address of California Office, If then 4a is not in California - Do not list a P.O. Box AT32 Lone Valley Dr. b Manager(s) or Member(s) f no managers have been appointed or elected, provide the name and address of each member. All least one name and								
47.32 Lone Valley Dr. Rancho Palos Verdes CA 90275 5. Manager(s) or Member(s) If no managers have been appointed or elected, provide the name and address of each member. At least one name and address of each member is an individual, complete times 5 and 5.C (gave the manager/member is a miniphical, complete times 5 and 5.C (gave the manager/member) is a dividual, complete times 5 and 5.C (gave the manager/member) is a dividual, complete times 5 and 5.C (gave the manager/member) is a dividual, complete times 5 and 5.C (gave the manager/member) is a dividual, complete times 5 and 5.C (gave the manager/member) is a dividual, complete times 5 and 5.C (gave the manager/member) is a dividual, complete times 5 and 5.C (gave the manager/member) is a dividual, complete times 5 and 5.C (gave the manager/member) is a dividual, complete times 5 and 5.C (gave the manager/member) is a dividual, complete time 5 and 5.C (gave the manager/member) is a dividual. Complete time 5 and 5.C (gave the dividual of the manager/member) is a dividual. Complete time 5 and 5.C (gave the dividual of the manager/member) is a dividual. Complete time 5 and 5.C (gave the dividual of the manager/member) is a dividual. Complete time 5 and 5.C (gave the dividual of the manager/member) is a dividual. Complete time 5 and 5.C (gave the dividual of the manager/member) is a dividual of the manager/member is a dividual. Complete time 5 and 5.C (gave time time time time form) is a dividual of the manager/member is a dividual. Complete time 5 and 5.C (gave time time time time time add dividual of the manager/member) is a dividual of the manager/member is a dividual. Complete time 5 and 5.C (gave time time time time add dividual of the manager/member) is a dividual of the manager/member is a dividual of the manager/member is a dividual of the manager/member is a dividual of the manager is difficuation of the second of the dinal dividu								
5. Manager(s) or Member(s) If no managers have been appointed or elected, provide the name and activess of each member. At least one name and activess on manify complete items 5b and 5c (leave item 5b blank). Note: The LLC active items 5b and 5c (leave item 5b blank). Active attributes at active attributes				,				
a. First Name, if an individual - Do not complete Item 5b Ryan List Name - Do not complete Item 5a City (no abbreviations) Rancho Palos Verdes CA 90275 6. Service of Process (Must provide either Individual OR Corporation.) INDIVIDUAL - Complete Item 56 and 6b only. Must include agent's full name and California street address. a. California Agent's First Name (if agent is not a corporation) Note that a corporation) Note that a corporation) Note that a corporation - Do not enter a P.O. Box City (no abbreviations) State Zip Code CORPORATION - Complete Item 6c only. Only include the name of the registered agent Corporation. CoRPORATION - Complete Item 6c only. Only include the name of the registered agent Corporation. c. California Agent's First Name City (no abbreviations) City (no abbreviations) State Zip Code Consulting Services City (no abbreviations) State Zip Code City (no abbrevia	5. Manager(s) or Member(s) must be listed. If the manager/me an entity, complete Items 5b and	ember is an ir 5c (leave Iten	ndividual, complete n 5a blank). Note:	e Items 5a and The LLC car	I 5c (leave Item 5b blank). I nnot serve as its own manag	If the ma	ame <u>anc</u> inager/m	address nember is
c. Address City (no abbreviations) AT32 Lone Valley Dr. State Zip Code 6. Service of Process (Must provide either Individual OR Corporation.) INDIVIDUAL - Complete Items 6a and 6b only. Must include agent's full name and California street address. Istem Complete Items 6a and 6b only. Must include agent's full name and California street address. a. California Agent's First Name (if agent is not a corporation) - Do not enter a P.O. Box City (no abbreviations) State Zip Code CORPORATION - Complete Item 6c only. Only include the name of the registered agent Corporation. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 6a or 6b California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 6a or 6b LEGALZOOM.COM, INC. (C2967349)	a. First Name, if an individual - Do not complete Item 5b	Middle Name		Last Name			Suffix	
4732 Lone Valley Dr. Rancho Palos Verdes CA 90275 6. Service of Process (Must provide either Individual OR Corporation.) INDIVIDUAL - Complete Items 6a and 6b only. Must include agent's full name and California street address. Image: Complete Items 6a and 6b only. Must include agent's full name and California street address. Image: Complete Items 6a and 6b only. Must include agent's full name and California street address. Image: Complete Items 6a and 6b only. Must include the name of the registered agent Corporation. Image: CompORATION - Complete Item 6c only. Only include the name of the registered agent Corporation. Image: CompORATION - Complete Item 6c only. Only include the name of the registered agent Corporation. Image: CompORATION - Complete Item 6c only. Only include the name of the registered agent Corporation. Image: CompORATION - Complete Item 6c only. Only include the name of the registered agent Corporation. Image: CompORATION - Complete Item 6c only. Only include the name of the registered agent Corporation. Image: CompORATION - Complete Item 6c only. Only include the name of the registered agent Corporation. Image: CompORATION - Complete Item 6c only. Only include the name of the registered agent Corporation. Image: CompORATION - Complete Item 6c only. Only include the name of the registered agent Corporation. Image: CompORATION - Complete Item 6c only. Only include the name of the registered agent Corporation. Image: CompORATION - Complete Item 6c only. Company: Compone: Compone: Company: Compone: Company: Compone: Com	b. Entity Name - Do not complete Item 5a							
4732 Lone Valley Dr. Rancho Palos Verdes CA 90275 6. Service of Process (Must provide either Individual OR Corporation.) INDIVIDUAL - Complete Items 6a and 6b only. Must include agent's full name and California street address. Image: Complete Items 6a and 6b only. Must include agent's full name and California street address. Image: Complete Items 6a and 6b only. Must include agent's full name and California street address. Image: Complete Items 6a and 6b only. Must include the name of the registered agent Corporation. Image: CompORATION - Complete Item 6c only. Only include the name of the registered agent Corporation. Image: CompORATION - Complete Item 6c only. Only include the name of the registered agent Corporation. Image: CompORATION - Complete Item 6c only. Only include the name of the registered agent Corporation. Image: CompORATION - Complete Item 6c only. Only include the name of the registered agent Corporation. Image: CompORATION - Complete Item 6c only. Only include the name of the registered agent Corporation. Image: CompORATION - Complete Item 6c only. Only include the name of the registered agent Corporation. Image: CompORATION - Complete Item 6c only. Only include the name of the registered agent Corporation. Image: CompORATION - Complete Item 6c only. Only include the name of the registered agent Corporation. Image: CompORATION - Complete Item 6c only. Only include the name of the registered agent Corporation. Image: CompORATION - Complete Item 6c only. Company: Compone: Compone: Company: Compone: Company: Compone: Com	c. Address		City (no abbreviat	tions)		State	Zip Co	ode
INDIVIDUAL - Complete litems 6a and 6b only. Must include agent's full name and California street address. 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. Box City (no abbreviations) State Zip Code CORPORATION - Complete Item 6c only. Only include the name of the registered agent Corporation. c. California Agent's Name (if agent is a corporation) - Do not complete Item 6a or 6b EGALZOOM.COM, INC. (C2967349) 7. Type of Business a. Describe the type of business or services of the Limited Liability Company Consulting Services . . 8. Chief Executive Officer, if elected or appointed a. First Name Middle Name Last Name Suffix . . . b. Address City (no abbreviations) State Zip Code . . 9. The Information contained herein, including any attachments, is true and correct. <								
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. Box City (no abbreviations) State CA Zip Code CORPORATION - Complete Item 6c only. Only include the name of the registered agent Corporation. c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 6a or 6b LEGALZOOM.COM, INC. (C2967349) 7. Type of Business a. Describe the type of business or services of the Limited Liability Company Consulting Services 8. Chief Executive Officer, if elected or appointed a. First Name Middle Name Last Name Suffix b. Address City (no abbreviations) State Zip Code 9. The Information contained herein, including any attachments, is true and correct. 08/02/2021 Cheyenne Moseley Type or Print Name of Person Completing the Form Title Signature Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a Person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.) Name: Company: Address:	6. Service of Process (Must provide either Individual OR Corporation	on.)						
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box City (no abbreviations) State CA Zip Code CORPORATION - Complete Item 6c only. Only include the name of the registered agent Corporation. c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 6a or 6b LEGALZOOM.COM, INC. (C2967349) 7. Type of Business a. Describe the type of business or services of the Limited Liability Company Consulting Services 8. Chief Executive Officer, if elected or appointed a. First Name City (no abbreviations) State Zip Code 9. The Information contained herein, including any attachments, is true and correct. 08/02/2021 Cheyenne Moseley Type or Print Name of Person Completing the Form Title Signature Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a erreson or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)		's full name a	1	t address.				0.5
CA CorPORATION - Complete Item 6a on IV: Only include the name of the registered agent Corporation. Collifornia Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 6a or 6b LEGALZOOM.COM, INC. (C2967349) 7. Type of Business a. Describe the type of business or services of the Limited Liability Company Consulting Services 8. Chief Executive Officer, if elected or appointed a. First Name b. Address City (no abbreviations) State Zip Code 9. The Information contained herein, including any attachments, is true and correct. 08/02/2021 Cheyenne Moseley Asst. Sec., LegalZoom.com, Inc., OBO filing entity Date Type or Print Name of Person Completing the Form Title Signature Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.) Name: Image: Company: Address:	a. California Agent's First Name (if agent is not a corporation)		Middle Name		Last Name			Suffix
c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 6a or 6b LEGALZOOM.COM, INC. (C2967349) 7. Type of Business a. Describe the type of business or services of the Limited Liability Company Consulting Services 8. Chief Executive Officer, if elected or appointed a. First Name D. Address City (no abbreviations) State Zip Code 9. The Information contained herein, including any attachments, is true and correct. 08/02/2021 Cheyenne Moseley Type or Print Name of Person Completing the Form Company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.) Name: Company: Address:	b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box		City (no abbreviations)			Zip Co	ode	
LEGALZOOM.COM, INC. (C2967349) 7. Type of Business a. Describe the type of business or services of the Limited Liability Company Consulting Services 8. Chief Executive Officer, if elected or appointed a. First Name Middle Name b. Address City (no abbreviations) State Zip Code 9. The Information contained herein, including any attachments, is true and correct. Ø8/02/2021 Cheyenne Moseley Date Type or Print Name of Person Completing the Form Title Signature Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.) Name: Image: Company: Address: Image: Company:	CORPORATION – Complete Item 6c only. Only include the name of	of the registere	ed agent Corporation	on.				
a. Describe the type of business or services of the Limited Liability Company Consulting Services 8. Chief Executive Officer, if elected or appointed a. First Name b. Address City (no abbreviations) State Zip Code 9. The Information contained herein, including any attachments, is true and correct. 08/02/2021 Cheyenne Moseley Asst. Sec., LegalZoom.com, Inc., OBO filing entity Date Type or Print Name of Person Completing the Form Title Signature Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.) Name: Image: Company: Address: Image: Company:		o not complete	e Item 6a or 6b					
Consulting Services 8. Chief Executive Officer, if elected or appointed a. First Name Middle Name Last Name Suffix b. Address City (no abbreviations) State Zip Code 9. The Information contained herein, including any attachments, is true and correct. O8/02/2021 Cheyenne Moseley Asst. Sec., LegalZoom.com, Inc., OBO filing entity Tube Type or Print Name of Person Completing the Form Title Signature Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a bereson or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.) Name: I Company: Address:								
a. First Name Middle Name Last Name Suffix b. Address City (no abbreviations) State Zip Code 9. The Information contained herein, including any attachments, is true and correct. Asst. Sec., LegalZoom.com, Inc., OBO filing entity 08/02/2021 Cheyenne Moseley Asst. Sec., LegalZoom.com, Inc., OBO filing entity Type or Print Name of Person Completing the Form Title Signature Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.) Name: Image: Company: Address: Image: Company:								
b. Address City (no abbreviations) State Zip Code 9. The Information contained herein, including any attachments, is true and correct. 08/02/2021 Cheyenne Moseley Asst. Sec., LegalZoom.com, Inc., OBO filing entity Type or Print Name of Person Completing the Form Title Signature Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.) Name: Image: Company: Address: Image: Company:	· · · · ·		Malali - Ni -		Leet New -			0
9. The Information contained herein, including any attachments, is true and correct. 08/02/2021 Cheyenne Moseley Date Type or Print Name of Person Completing the Form Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.) Name: Image: Company: Address: Image: Company:	a. First Name		Middle Name		Last Name			Suffix
08/02/2021 Cheyenne Moseley Asst. Sec., LegalZoom.com, Inc., OBO filing entity Date Type or Print Name of Person Completing the Form Title Signature Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a berson or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.) Name: [Company:	b. Address		City (no abbreviat	tions)	I	State	Zip Co	ode
Date Type or Print Name of Person Completing the Form Title Signature Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a berson or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.) Name: Company: Address:	9. The Information contained herein, including any attachm	ents, is tru	e and correct.					
Date Type or Print Name of Person Completing the Form Title Signature Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a berson or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.) Name: Company: Address:	08/02/2021 Chevenne Moselev			Asst. Sec.	. LegalZoom.com. Ir	nc Ol	BO fili	na entitv
berson or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.) Name: Company: Address:		ne Form						
Name: The second	Return Address (Optional) (For communication from the Secretary o	of State relate			sing a copy of the filed docu		ter the n	ame of a
Address:	Name:			UTONO DEFU				
	Company:							
City/State/Zip:	Address:							