

1.

State of California

Bill Jones Secretary of State

Sacramento, CA 94244-2300 Phone: (916) 657-3537

EMENT BY DOMESTIC NONPROFIT CORPORATION

THIS STATEMENT MUST BE FILED WITH

CALIFORNIA SECRETARY OF STATE (SECTIONS 6210, 8210, 9660 CORPORATIONS CODE)

THE \$10 FILING FEE MUST ACCOMPANY THIS STATEMENT.

C0812144 ART BEAL FOUNDATION

DO NOT WRITE IN THIS SPACE DO NOT ALTER PREPRINTED NAME. IF ITEM 1 IS BLANK, PLEASE ENTER CORPORATE NAME PLEASE READ INSTRUCTIONS ON BACK OF FORM. PLEASE TYPE OR USE BLACK INK WHICH WOULD BE SUITABLE FOR MICROFILMING. THE CALIFORNIA CORPORATION NAMED HEREIN, MAKES THE FOLLOWING STATEMENT 2. STREET ADDRESS OF PRINCIPAL OFFICE (IF NONE, COMPLETE 3-3B) SUITE OR ROOM San Luis Obispo, Ca 93401 2057 King St. ZIP CODE SUITE OR ROOM 3. MAILING ADDRESS San Luis Obispo, Ca 93406 POBOX 571 ZIP CODE THE NAMES OF THE FOLLOWING OFFICERS ARE: 4C. ZIP CODE 4. CHIEF EXECUTIVE OFFICER 4A. STREET ADDRESS (SEE REVERSE SIDE) 621 S. Parton St. 92701 Joanne Orr SC. ZIP CODE 5A. STREET ADDRESS (SEE REVERSE SIDE) 5. SECRETARY 93401 San Luis Obispo, 2057 King St. Steve Rebuck 6C. ZIP CODE 6A. STREET ADDRESS (SEE REVERSE SIDE) 6B. CITY AND STATE . 6. CHIEF FINANCIAL OFFICER STEVE REBUCK 2057 King St. (ONE AGENT IS REQUIRED BY CALIFORNIA STATUTORY PROVISION. DESIGNATED AGENT FOR SERVICE OF PROCESS PLEASE READ ITEMS 7 AND 8 ON REVERSE SIDE OF FORM.)

7. NAME David Fitzpatrick, Attorney at Law

8. CALIFORNIA STREET ADDRESS IF AGENT IS AN INDIVIDUAL (DO NOT USE P.O. BOX) DO NOT INCLUDE ADDRESS IF AGENT IS A CORPORATION 1326 Chorro St., San luis Obispo, Ca 93401

COMMON INTEREST DEVELOPMENT ASSOCIATION SECTION 1350, ET SEQ., CIVIL O	COMMON	INTEREST	DEVEL OPMEN	T ASSOCIATION	SECTION	1350.	ET SEQ.	CIVIL	Cor
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- THIS CORPORATION IS NOT AN ASSOCIATION FORMED TO MANAGE A COMMON INTEREST DEVELOPMENT (IF THIS BOX IS CHECKED, PROCEED TO NUMBER 11.)
- THIS CORPORATION IS AN ASSOCIATION FORMED TO MANAGE A COMMON INTEREST DEVELOPMENT UNDER THE DAVIS-STIRLING COMMON INTEREST DEVELOPMENT ACT. (IF THIS BOX IS CHECKED, COMPLETE 10A AND 10B.)

10A. BUSINESS OR CORPORATE OFFICE

10B. NAME AND ADDRESS OF THE MANAGING AGENT

11. I DECLARE THAT I HAVE EXAMINED THIS STATEMENT AND TO THE BEST OF MY KNOWLEDGE AND BELIEF. IT IS TRUE. CORRECT AND COMPLETE. (Auch Steve Rebuck Sec. / Tres.

TYPE OR PRINT NAME OF SIGNING OFFICER OR AGENT