

Document processing fee  
If document is filed on paper \$125.00  
If document is filed electronically Currently Not Available

Fees & forms/cover sheets  
are subject to change.  
To file electronically, access instructions  
for this form/cover sheet and other  
information or print copies of filed  
documents, visit [www.sos.state.co.us](http://www.sos.state.co.us)  
and select Business Center.

20071310984 C  
\$ 275.00  
SECRETARY OF STATE  
07-03-2007 15:56:10

Paper documents must be typewritten or machine printed.

ABOVE SPACE FOR OFFICE USE ONLY

### Statement of Foreign Entity Authority

filed pursuant to §7-90-301, et seq. and §7-90-803 of the Colorado Revised Statutes (C.R.S)

ID number (if applicable): \_\_\_\_\_

1. True name:

IRG MS Rainbow Lakes, LLC

2. Assumed entity name  
(if different from True name)

3. Use of Restricted Words (if any of these  
terms are contained in an entity name, true  
name of an entity, trade name or trademark  
stated in this document, mark the applicable  
box):

- "bank" or "trust" or any derivative thereof  
 "credit union"       "savings and loan"  
 "insurance", "casualty", "mutual", or "surety"

4. Principal office street address:

12214 Lakewood Boulevard

(Street name and number)

Downey

(City)

CA

(State)

90242

(Postal/Zip Code)

(Province – if applicable)

(Country – if not US)

4. Principal office mailing address:  
(if different from above)

(Street name and number or Post Office Box information)

(City)

(State)

(Postal/Zip Code)

(Province – if applicable)

(Country – if not US)

5. Registered agent: (if an individual):

(Last)

(First)

(Middle)

(Suffix)

OR (if a business organization):

Corporation Service Company

6. The person appointed as registered agent in the document has consented to being so appointed.

7. Registered agent street address: 1560 Broadway, Suite 2090  
*(Street name and number)*

Denver CO 80202  
*(City) (State) (Postal/Zip Code)*

8. Registered agent mailing address:  
(if different from above) \_\_\_\_\_  
*(Street name and number or Post Office Box information)*

\_\_\_\_\_  
*(City) (State) (Postal/Zip Code)*

\_\_\_\_\_  
*(Province - if applicable) (Country - if not US)*

9. Form of entity: LLC

10. Jurisdiction of formation: Delaware

11. Date entity commenced (or expects to commence) transacting business or conducting activities in Colorado: 07/03/2007  
*(mm/dd/yyyy)*

12. (Optional) Delayed effective date: \_\_\_\_\_  
*(mm/dd/yyyy)*

**Notice:**

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

13. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing: Mase John A  
*(Last) (First) (Middle) (Suffix)*

c/o Fainsbert Mase & Snyder, LLP  
*(Street name and number or Post Office Box information)*  
11835 West Olympic Boulevard, Suite 1100

Los Angeles CA 90064  
*(City) (State) (Postal/Zip Code)*

\_\_\_\_\_  
*(Province - if applicable) (Country - if not US)*

*(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box  and include an attachment stating the name and address of such individuals.)*

**Disclaimer:**

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.