Filing and License Fee: \$310.00 minimum

ID Number:	
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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

	name of the corporation Is	COURTHOUS	E NEWS SER	/ICE				
2. It is i	ncorporated under the law	ted under the laws of California						
3. The r	3. The name, If different, which it elects to use in Rhode Island is:							
(a)	"incorporated," or "limited above corporate endings	name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "compar porated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of corporate endings for use in Rhode island: RTHOUSE NEWS SERVICE, INC.						
(b) If the corporate name is not available in Rhode island, then set forth below the fictitious name under which the corporation qualify and transact business in Rhode island as stated in the "Fictitious Business Name Statement" to be filed with application:								
4. The d	ate of its incorporation is	08/25/1997		and the period of its o	duration is perpetual			
5. The a	ddress of its principal offic	e in the state or co	untry under the	laws of which it is incom	porated is			
	30 N. RAYMOND AVE.							
		, , , , , , , , , , , , , , , , , , , ,						
6. The a	ddress of its proposed reg	istered office in Rh	ode Island is	155 South Main Street,	Suite 301			
			•					
				(8	treet Address, <u>not</u> P.O. Box)			
	dence	, RI	02903	-	treet Address, <u>not</u> P.O. Box) oposed registered agent in Rhode Island			
	dence (City/Town)	RI	02903 (Zip Code)	-	•			
Provi		······································		-	•			
Provi	(City/Town)	······································	(Zip Code)	-	•			
Provi	(City/Town) ddress is CT Corporati	on System	(Zip Code) (Name	and the name of its pro	oposed registered agent in Rhode Island			
Provi	(City/Town) ddress is <u>CT Corporati</u> Irpose or purposes which ce focusing on civi	on System It proposes to pursi	(Zip Code) (Name	and the name of its pro of Agent) action of business in Rho News Service is n	oposed registered agent in Rhode Island de Island are: ot transacting business, but :			
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	state or country	y of which it is incorporated).				
		<u>Name</u>		<u>Address</u>		
	President	William L. Girdner	30 N. RAYMOND AVI	30 N. RAYMOND AVE., SUITE 310, PASADENA, CA 91103		
	Vice President					
	Treasurer					
	Secretary					
9.	The aggregate num and series, if any, w	ber of shares which it has authority ithin a class, is:	to issue, itemized by classes,	par value of shares, shares without par value,		
	Number of S	Shares Class	Series	Shares are without Par Value		
	100,000	Common		no par value		
10.	(a) An estimate of \$ 100,000		owned by the corporation fo	r the following year, wherever located, is		
	(b) An estimate of		roperty to be located within t	Rhode Island during the following year is		
	located within th	is state during the following year be	ark to the value of all property	alue of the property of the corporation to be of the corporation to be owned during the nulliply by 100 to obtain the percentage).		
11.	(a) An estimate of \$(00,000	the gross amount of business t	o be transacted by the cor	poration during the following year is		
	(b) An estimate of island:during the	the gross amount of business to e following year is \$	be transacted by the corporati	ion at or from places of business in Rhode		
	corporation at or	from places of business in this sta y the corporation during the following	te during the following year be	nount of business to be transacted by the are to the gross amount thereof which will ide (b) by (a) and multiply by 100 to obtain		
12.	This application is ac of which it is incorpor	companied by a certificate of Good rated.	Standing issued by the proper	officer of the state or country under the laws		
13.	This Application for C than the 90 th day afte	ertificate of Authority shall be effected the date of this filing	tive upon filing unless a specif	ied date is provided which shall be no later		
			Linder penalty of parity	ry, I declare and affirm that I have		
			examined this Application	refor Certificate of Authority including		
			any accompanying att	achments, and that all statements and correct.		
	e: 10/2		contained herein are true	and correct.		
Det	10/2	7/09	$\mathcal{L}_{\mathcal{K}}$	and the same of th		
		/ 	Signature of Aut	horized Officer of the Corporation		
			_	·		
			William L. Girdner, President			
			type or Print	Name of Authorized Officer		

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

COURTHOUSE NEWS SERVICE

FILE NUMBER: FORMATION DATE: C1909963

TYPE:

08/25/1997 DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I. DEBRA BOWEN. Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 06, 2009.

DEBRA BOWEN Secretary of State