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PARAMOUNT MANAGEMENT SERVICES & SAM SOLAKYAN

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2	CA Secretary of State: Statement of Information: Paramount Management Services	10/19/2011
3	CA Secretary of State: Statement of Information: Paramount Management Services	5/20/2014
4	CA Secretary of State: Limited Liability Company Articles of Organization-Conversion: Paramount Management Services	3/4/2015
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7	CA Secretary of State: Articles of Organization of a Limited Liability Company (LLC): Capital Edge Holdings	3/20/2015
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9/27/18 *af*

UNSEALED PER ORDER OF COURT

FILED

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CLERK, U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

BY:

VRC

DEPUTY

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

April 2018 Grand Jury

UNITED STATES OF AMERICA,

Case No. **18 CR 4 163 BAS**

Plaintiff,

I N D I C T M E N T

v.

Title 18, U.S.C., Sec. 1349 -
Conspiracy to Commit Honest
Services Mail Fraud and Health Care
Fraud; Title 18, U.S.C., Secs. 1341
and 1346 - Honest Services Mail
Fraud; Title 18, U.S.C., Sec. 2 -
Aiding and Abetting; Title 18,
U.S.C., Sec. 981(a)(1)(C), and
Title 28, U.S.C., Sec. 2461(c) -
Criminal Forfeiture

SAM SARKIS SOLAKYAN,

Defendant.

The grand jury charges, at all times relevant:

INTRODUCTORY ALLEGATIONS

DEFENDANT AND OTHER PARTICIPANTS

1. Defendant SAM SARKIS SOLAKYAN ("SOLAKYAN") was the President, Chief Executive Officer, Secretary, Chief Financial Officer, and only director of record of Vital Imaging, Inc., with a primary business address in Glendale, California. He was also the President, CEO, CFO, and a director of San Diego MRI Institute, which had an address of record in Burbank, California, but provided services to patients at a location on Ruffin Road in San Diego. Defendant was the Chairman of the Board and Secretary of Global Holdings, LLC and Empire Radiology, LLC, both of which reported a primary business address in Glendale, California.

VHC:CPH:FAS(1):nlv:San Diego
9/25/18

1 RMC

cc: Pretrial

1 In addition, defendant owned and controlled other companies, including
2 Access Integrated Healthcare, LLC, d.b.a AIH Imaging; Access Imaging,
3 LLC; Paramount Management Services, LLC; and Capital Edge Holdings, LLC
4 (all together, "Solakyan's Companies"). Through Solakyan's Companies,
5 defendant operated diagnostic screening facilities that, among other
6 services, conducted Magnetic Resonance Imaging ("MRI") scans. Defendant
7 operated diagnostic imaging facilities throughout California, including
8 in Richmond, Hayward, San Jose, Garden Grove, Anaheim, Burbank, and
9 San Diego.

10 2. Dr. Steven Rigler (charged elsewhere) was a chiropractor
11 licensed to practice in California, who operated three clinics in the
12 Southern District of California specializing in chiropractic medicine.

13 3. Alexander Martinez (charged elsewhere) managed Dr. Rigler's
14 clinics, first in Calexico, then also in San Diego and Escondido, and,
15 in that capacity, controlled (on Dr. Rigler's behalf) the referral of
16 patients to ancillary service providers.

17 4. Fermin Iglesias and Carlos Arguello (both charged elsewhere)
18 recruited injured workers to seek Workers' Compensation benefits in the
19 state of California. Iglesias and Arguello controlled and operated
20 multiple entities, including Providence Scheduling, Inc., MedEx
21 Solutions, Inc., Meridian Medical Resources, Inc. d.b.a. Meridian Rehab
22 Care, and Prime Holdings, Int., Inc.

23 **PHYSICIANS' DUTY TO THEIR PATIENTS**

24 5. Physicians, including doctors, surgeons, and chiropractors,
25 owed a fiduciary duty to their patients. This duty required that
26 physicians act in their patients' best interests, and not for their own
27 professional, pecuniary, or personal gain. Under California law, a
28 physician had a fiduciary duty to disclose all information material to

1 the patient's decision when soliciting a patient's consent to a medical
2 procedure; such information included personal interests unrelated to the
3 patient's health, whether research or economic, that might affect the
4 physician's professional judgment. Accepting kickbacks, bribes, and
5 referral fees without the patient's consent was a breach of a physician's
6 fiduciary duty to his patient.

7 **CALIFORNIA WORKERS' COMPENSATION SYSTEM**

8 6. The California Workers' Compensation System ("CWCS") required
9 employers in California to provide Workers' Compensation benefits to
10 employees for qualifying injuries sustained in the course of employment.
11 Under the CWCS, all claims for payments for services or benefits provided
12 to the injured employee, including medical and legal fees, were billed
13 directly to, and were paid by, the insurer. If the insurer did not pay,
14 the provider could file a lien against the employee's Workers'
15 Compensation claim, which accrued interest until paid in an amount
16 ordered by the Workers' Compensation Appeals Board ("WCAB") or as
17 negotiated between the insurer and the provider.

18 7. The CWCS required claims administrators to authorize and pay
19 for medical care that was "reasonably required to cure or relieve the
20 injured worker from the effects of his or her injury," and included
21 medical, surgical, chiropractic, acupuncture, and hospital treatment.

22 8. The CWCS and private and public CWCS insurers were "health
23 care benefit programs" under Title 18, United States Code, Section 24,
24 that is, a public or private plan or contract, affecting commerce, under
25 which any medical benefit, item, or service was provided to an
26 individual, and any individual or entity who provided a medical benefit,
27 item or service for which payment may be made under the plan or contract.

28

1 9. Effective January 1, 2012, California Labor Code Section 139.3
2 made it a crime for a physician to refer Workers' Compensation patients
3 for a variety of medical goods and services, including diagnostic imaging
4 services and pharmacy goods, to an entity in which that physician had a
5 financial interest. A financial interest included any remuneration,
6 rebate, subsidy, or other form of direct or indirect payment.

7 10. According to California Labor Code Section 3209.3, the term
8 "physician" in the Labor Code included physicians and surgeons holding
9 an M.D. or D.O. degree, psychologists, acupuncturists, optometrists,
10 dentists, podiatrists, and chiropractic practitioners licensed by
11 California state law and within the scope of their practice as defined
12 by California state law.

13 Count 1

14 **CONSPIRACY TO COMMIT HONEST SERVICES MAIL FRAUD AND HEALTH CARE FRAUD**
15 **18 U.S.C. § 1349**

16 11. Paragraphs 1 through 10 of this Indictment are realleged and
17 incorporated by reference.

18 12. Beginning on a date unknown no later than mid-2013, and
19 continuing through at least November 2016, within the Southern District
20 of California and elsewhere, defendant SAM SARKIS SOLAKYAN intentionally
21 conspired with Dr. Steven Rigler, Fermin Iglesias, Providence
22 Scheduling, Medex Solutions, Carlos Arguello, Alexander Martinez, and
23 others to:

24 a. commit Honest Services Mail Fraud, that is, to knowingly
25 and with the intent to defraud, devise and participate in a material
26 scheme to defraud and to deprive patients of the intangible right to
27 their physicians' honest services, and for the purpose of executing such
28 scheme, mail and cause to be mailed via the U.S. Postal Service any

1 matter and thing, in violation of Title 18, United States Code,
2 Sections 1341 and 1346; and

3 b. commit Health Care Fraud, that is, to knowingly and with
4 the intent to defraud, devise and participate in a material scheme to
5 defraud a health care benefit program, and to obtain money and property
6 owned by, and under the custody and control of, a health care benefit
7 program, by means of false and fraudulent pretenses, representations,
8 and promises, in violation of Title 18, United States Code, Section 1347.

9 **FRAUDULENT PURPOSE**

10 13. It was the goal of the conspiracy for defendant to fraudulently
11 obtain money from health care benefit programs for services provided to
12 Workers' Compensation patients that defendant procured by paying bribes
13 and kickbacks to the referring physicians.

14 **MANNER AND MEANS**

15 14. The conspirators used the following manner and means, among
16 others, in pursuit of their fraudulent purpose:

17 a. It was a part of the conspiracy that defendant and his
18 conspirators offered to pay, and paid, compensation to physicians (and
19 those acting on their behalf) to refer Workers' Compensation patients
20 to Solakyan's Companies for MRI and other services.

21 b. It was a further part of the conspiracy that the
22 compensation the co-conspirators offered to physicians in exchange for
23 their referrals consisted of either a steady supply of new patients (the
24 "cross-referral" method), or direct payments ("cash" method).

25 c. It was a further part of the conspiracy that the co-
26 conspirators obscured the true nature of their financial relationships
27 in order to conceal their corrupt kickback and bribery scheme, including
28 by entering into various sham agreements such as contracts for

1 "marketing," "administrative services," and "scheduling," when in
2 reality the money paid by defendant amounted to volume-based, per-scan
3 bribes and kickbacks to induce physicians to refer patients to Solakyan's
4 Companies.

5 d. It was a further part of the conspiracy that, as part of
6 the cross-referral method, Iglesias and Arguello required physicians to
7 refer patients for a minimum number of ancillary medical services and
8 goods in order for the conspirators to send new patients to the
9 physician.

10 e. It was a further part of the conspiracy that if the
11 physician failed to meet the minimum quota, co-conspirators Iglesias and
12 Arguello stopped referring new patients to that physician,
13 notwithstanding any "marketing" or other agreement they had entered into
14 on paper to justify the referral of new patients to that physician.

15 f. It was a further part of the conspiracy that, over the
16 course of their scheme, defendant, using bank accounts in the names of
17 Global Holdings and Empire Radiology, paid Iglesias and Arguello,
18 through their company MedEx, over \$8.8 million to obtain MRI referrals
19 from physicians compensated by Iglesias and Arguello.

20 g. It was a further part of the conspiracy that defendant
21 also paid physicians, including Dr. Rigler, cash for each MRI scan
22 referred to Solakyan's Companies.

23 h. It was a further part of the conspiracy that defendant
24 paid a fee for each scan that the physician referred, thereby creating
25 an incentive for the physician to recommend more scans than necessary
26 for the patient.

27 i. It was a further part of the conspiracy that defendant
28 caused MRI scans to be conducted at San Diego MRI Institute, located at

1 5395 Ruffin Road, Suite 100, in San Diego, to serve patients referred
2 by San Diego physicians, including Dr. Rigler.

3 j. It was a further part of the conspiracy that defendant's
4 companies, including San Diego MRI Institute and Vital Imaging, sent via
5 U.S. mail, claims for reimbursement to CWCS insurers, for services
6 provided to patients whose referrals had been procured through unlawful
7 kickbacks and bribes to the referring physician.

8 k. It was a further part of the conspiracy that the co-
9 conspirators concealed from patients, and intended to cause the
10 physicians to conceal from patients, the bribe and kickback payments,
11 in violation of those physicians' fiduciary duties to their patients and
12 in violation of California law.

13 l. It was a further part of the conspiracy that the co-
14 conspirators concealed from insurers, and intended to cause the
15 physicians to conceal from insurers, the bribe and kickback payments,
16 which would have rendered the claims for reimbursement unpayable under
17 California law.

18 m. It was a further part of the conspiracy that defendant
19 and his co-conspirators knew and intended that the referring physicians,
20 including Dr. Rigler, would submit false statements to health care
21 benefit programs, including certifications of compliance with California
22 Labor Code Section 139.3, that is, that the physician had no financial
23 interest in the entity that received the referral, when in reality
24 defendant and his co-conspirators were compensating the physicians via
25 the cross-referral and cash methods.

26 n. It was a further part of the conspiracy that defendant
27 filed liens, and intended to file liens, through Solakyan's Companies,
28

1 to collect payment on claims for ancillary medical services procured
2 through the payment of bribes and kickbacks.

3 o. It was a further part of the conspiracy that defendant
4 submitted and caused to be submitted over \$284 million in claims for
5 ancillary medical services procured through the payment of bribes and
6 kickbacks.

7 **OVERT ACTS**

8 15. In furtherance of the conspiracy and in order to effect the
9 objects thereof, defendant and others committed or caused the commission
10 of the following overt acts within the Southern District of California
11 and elsewhere:

12 a. In late 2011 or early 2012, defendant agreed with
13 Iglesias and Arguello that defendant would pay Iglesias and Arguello for
14 each scan referred by MedEx and completed by one of Solakyan's Companies,
15 knowing and intending that Iglesias and Arguello would obtain the
16 patients by paying bribes and kickbacks to the referring physicians.

17 a. On or about January 1, 2012, defendant, through his
18 company Global Holdings, Inc., and Iglesias, on behalf of Medex, entered
19 into a "Scheduling Services Agreement," which supposedly required Medex
20 to schedule patients and collect paperwork from referring physicians,
21 at a rate of \$200.00 per patient.

22 b. In or about August 2013, Iglesias, Arguello, and Julian
23 Garcia (charged elsewhere) agreed to send Workers' Compensation patients
24 to Dr. Rigler's San Diego and Escondido clinics if Dr. Rigler, in turn,
25 referred those applicants for a certain quota of ancillary procedures
26 and Durable Medical Equipment ("DME") from providers designated by
27 Iglesias and Arguello, including, for MRI scans, Solakyan's Companies.

1 c. On or about September 10, 2013, defendant issued a check
2 in the amount of \$93,650.00 from an account in the name of one of
3 Solakyan's Companies to Medex Solutions, Inc., to pay for patient
4 referrals.

5 d. On or about October 8, 2013, defendant issued a check in
6 the amount of \$310,500 from an account in the name of one of Solakyan's
7 Companies to Medex Solutions, Inc., to pay for patient referrals.

8 e. On or about November 8, 2013, defendant issued a check
9 in the amount of \$273,300 from an account in the name of one of Solakyan's
10 Companies to Medex Solutions, Inc., to pay for patient referrals.

11 f. On or about December 6, 2013, defendant issued a check
12 in the amount of \$346,800 from an account in the name of one of Solakyan's
13 Companies to Medex Solutions, Inc., to pay for patient referrals.

14 g. On or about January 2, 2014, defendant issued a check in
15 the amount of \$300,000 from an account in the name of one of Solakyan's
16 Companies to Medex Solutions, Inc., to pay for patient referrals.

17 h. On or about January 24, 2014, defendant issued a check
18 in the amount of \$425,650 from an account in the name of one of Solakyan's
19 Companies to Medex Solutions, Inc., to pay for patient referrals.

20 i. On or about March 1, 2014, defendant, through his company
21 Global Holdings, Inc., and Iglesias, on behalf of Medex, entered into a
22 "Outsourced Administrative Services Agreement," which replaced their
23 prior Scheduling Services Agreement, and which required Medex to collect
24 paperwork from physicians, coordinate with insurance companies, and
25 schedule patients, in exchange for \$50 per MRI scan.

26 j. On each of March 13, March 25, and April 8, 2014,
27 defendant issued checks in the amount of \$100,000 from an account in
28

1 the name of one of Solakyan's Companies to Medex Solutions, Inc., to
2 pay for patient referrals.

3 k. On or about July 2, 2014, defendant issued a check in the
4 amount of \$160,000 from an account in the name of one of Solakyan's
5 Companies to Medex Solutions, Inc., to pay for patient referrals.

6 l. On or about July 29, 2014, defendant issued a check in
7 the amount of \$100,000 from an account in the name of one of Solakyan's
8 Companies to Medex Solutions, Inc., to pay for patient referrals.

9 m. On or about October 2, 2014, defendant issued a check in
10 the amount of \$243,200 from an account in the name of one of Solakyan's
11 Companies to Medex Solutions, Inc., to pay for patient referrals.

12 n. On or about October 31, 2014, defendant issued a check
13 in the amount of \$217,800 from an account in the name of one of Solakyan's
14 Companies to Medex Solutions, Inc., to pay for patient referrals.

15 o. On or about December 8, 2014, defendant issued a check
16 in the amount of \$115,950 from an account in the name of one of Solakyan's
17 Companies to Medex Solutions, Inc., to pay for patient referrals.

18 p. On or about January 22, 2015, defendant and Dr. Rigler
19 discussed defendant paying cash directly to Dr. Rigler for patient
20 referrals, in addition to the cross-referral method then in place with
21 MedEx.

22 q. On or about January 22, 2015, while discussing how
23 defendant could compensate Dr. Rigler for patient referrals, defendant
24 acknowledged that MedEx already was compensating Dr. Rigler via the
25 cross-referral method by supplying new patients to Dr. Rigler: "The only
26 thing is, you know, obviously, your case volume, how, how do we
27 reciprocate because you don't have . . . like with Fermin [Iglesias]
28 . . . he has new cases [to offer you]."

1 r. On or about January 22, 2015, defendant proposed paying
2 Dr. Rigler cash for each scan referred to one of Solakyan's Companies:
3 "But we can work something out where, you know, it's about, generally
4 it's about forty bucks, fifty bucks per scan."

5 s. On or about January 22, 2015, defendant proposed the
6 following bribe or kickback fee structure to Dr. Rigler: "[T]his is very
7 cut and dry. It's per scan, per body part . . . three, uh, uh, three
8 body parts per patient. Hundred, one-fifty, I mean everything's just
9 very bam, bam, bam."

10 t. On or about February 10, 2015, defendant advised his
11 executives in an email that, "We should go through each referral source
12 and tag them with in-house contacts as handlers for that account." In
13 the same email, he listed himself as the "handler" for MedEx, the company
14 owned by Iglesias and Arguello.

15 u. On or about February 19, 2015, Alexander Martinez
16 provided to Solakyan's Companies, via a Google doc, patient referrals,
17 including referrals of 2 MRIs for Dr. Rigler's patient Felipe B.

18 v. On or about March 1, 2015, defendant, through his company
19 Global Holdings, Inc., and Iglesias, on behalf of Medex, entered into a
20 new "Outsourced Administrative Services Agreement," which replaced the
21 prior version. Although the services MedEx was to provide were largely
22 the same, this new agreement lowered the payment to \$30 per MRI scan.

23 w. On or about March 18, 2015, defendant issued a check in
24 the amount of \$100,000 from an account in the name of one of Solakyan's
25 Companies to Medex Solutions, Inc., to pay for patient referrals.

26 x. On or about March 20, 2015, defendant and Dr. Rigler
27 discussed the declining reimbursement for MRI scans from insurance

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1 companies, and defendant acknowledged that he was still paying "20 bucks"
2 in "marketing" with "Fermin" for each MRI.

3 y. On or about March 20, 2015, defendant inquired and
4 learned that Iglesias credited \$50 for each MRI scan Dr. Rigler referred
5 against the minimum quota Dr. Rigler was expected to meet for each
6 patient.

7 z. On or about March 20, 2015, defendant reassured Dr.
8 Rigler that his earlier offer was still open, but only for a limited
9 time: "So just so you know, between us, okay, so anything [referred] up
10 until March 1st . . . is still 50 [\$50 per scan]."

11 aa. On or about March 24, 2015, to conceal his cash payments
12 to Dr. Rigler for patient referrals, defendant used "reports" as code
13 for cash in asking Dr. Rigler if he could "send my driver with your
14 reports," then stated, "I'll have him contact you then I'll just send
15 him with your reports, buddy."

16 bb. On or about March 24, 2015, in the same conversation,
17 defendant confirmed the number of scans that Dr. Rigler had referred to
18 defendant's MRI company for which Dr. Rigler would be paid: "So there's
19 a total of 51."

20 cc. On or about March 25, 2015, defendant directed his driver
21 to deliver a sealed envelope to Dr. Rigler containing \$2,600 in \$100
22 bills.

23 dd. On or about March 25, 2015, defendant issued a check in
24 the amount of \$101,650 from an account in the name of one of Solakyan's
25 Companies to Medex Solutions, Inc., to pay for patient referrals.

26 ee. In or about March 2015, defendant submitted or caused to
27 be submitted to insurance companies requests for reimbursement exceeding
28

1 \$150,000, for the 51 MRI scans defendant procured by paying \$2,600 in
2 bribes or kickbacks to Dr. Rigler.

3 ff. On or about July 1, 2015, defendant issued a check in the
4 amount of \$181,162 from an account in the name of one of Solakyan's
5 Companies to Medex Solutions, Inc., to pay for patient referrals.

6 gg. On each of April 22, May 23, June 21, July 20, August 18,
7 September 20, October 20, and November 23, 2016, defendant issued
8 payments in the amount of \$20,000 from an account in the name of one of
9 Solakyan's Companies to Medex Solutions, Inc., to pay for patient
10 referrals.

11 All in violation of Title 18, United States Code, Section 1349.

12 Counts 2-12

13 **HONEST SERVICES MAIL FRAUD**
14 **18 U.S.C. §§ 1341, 1346 & 2**

15 16. Paragraphs 1 through 10 of this Indictment are realleged and
16 incorporated by reference.

17 17. Beginning on a date unknown no later than mid-2013, and
18 continuing through at least November 2016, within the Southern District
19 of California and elsewhere, defendant SAM SARKIS SOLAKYAN, knowingly
20 and with the intent to defraud, devised and participated in a material
21 scheme to defraud, that is, to deprive patients of their intangible
22 right to their physician's honest services.

23 18. Paragraphs 13 through 15 of this Indictment are realleged and
24 incorporated by reference as more fully describing the scheme to defraud,
25 that is, to deprive patients of their intangible right to their
26 physician's honest services.

27 //

28 //

EXECUTIONS OF THE SCHEME TO DEFRAUD

19. On or about the following dates, within the Southern District of California and elsewhere, defendant SAM SARKIS SOLAKYAN, for the purpose of executing the scheme, caused the following mail matter to be placed in a post office and authorized depository for mail matters to be delivered by the United States Postal Service and private and commercial interstate carrier:

Count	Date	Item Mailed
2	July 23, 2014	Request for payment totaling \$16,790 for 6 MRI scans for Jose C., sent to Berkshire Hathaway, secured through the payment of a bribe to Dr. Rigler
3	Sept. 3, 2014	Request for payment totaling \$1,955 for 1 MRI scan for Jose C., sent to Berkshire Hathaway, secured through the payment of a bribe to Dr. Rigler
4	Oct. 14, 2014	Request for payment totaling \$6,440 for 2 MRI scans for Liliana C., sent to ESIS, secured through the payment of a bribe to Dr. Rigler
5	Oct. 21, 2014	Request for payment totaling \$5,175 for 2 MRI scans for Jose C., sent to Berkshire Hathaway, secured through the payment of a bribe to Dr. Rigler
6	March 5, 2015	Request for payment totaling \$3,220 for 1 MRI scan for Gabriel M., sent to Acclaim Risk Management, secured through the payment of a \$50 bribe to Dr. Rigler
7	March 6, 2015	Request for payment totaling \$3,220 for 1 MRI scan for Gabriel M., sent to Acclaim Risk Management, secured through the payment of a \$50 bribe to Dr. Rigler
8	March 11, 2015	Request for payment totaling \$16,100 for 5 MRI scans for Refugio L., sent to Zenith, secured through the payment of a \$250 bribe to Dr. Rigler
9	March 11, 2015	Request for payment totaling \$8,395 for 3 MRI scans for Virginia P., sent to Sedgwick, secured through the payment of a \$150 bribe to Dr. Rigler

Count	Date	Item Mailed
10	March 18, 2015	Request for payment totaling \$3,220 for 1 MRI scan for Blasa R., sent to Sedgwick, secured through the payment of a \$50 bribe to Dr. Rigler
11	March 26, 2015	Request for payment totaling \$6,440 for 2 MRI scans for Felipe B., sent to Gallagher Bassett, secured through the payment of a \$100 bribe to Dr. Rigler
12	April 3, 2015	Request for payment totaling \$6,440 for 2 MRI scans for Maria R., sent to York Insurance, secured through the payment of a \$100 bribe to Dr. Rigler

All in violation of Title 18, United States Code, Sections 1341, 1346 and 2.

CRIMINAL FORFEITURE

20. Paragraphs 1 through 19 of this Indictment are realleged and incorporated as if fully set forth herein for the purpose of alleging forfeiture pursuant to Title 18, United States Code, Section 981(a)(1)(C) and Title 28, United States Code, Section 2461(c).

21. Upon conviction of one or more of the offenses of Conspiracy and Honest Services Mail Fraud as alleged in Counts 1 through 12, defendant SAM SARKIS SOLAKYAN shall forfeit to the United States all right, title, and interest in any property, real or personal, that constitutes or is derived from proceeds traceable to such offenses.

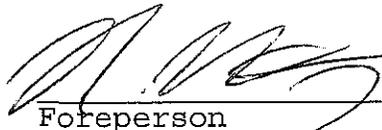
22. If any of the above described forfeitable property, as a result of any act or omission of defendant SAM SARKIS SOLAKYAN (a) cannot be located upon the exercise of due diligence; (b) has been transferred or sold to, or deposited with, a third party; (c) has been placed beyond the jurisdiction of the Court; (d) has been substantially diminished in value; or (e) has been commingled with other property which cannot be divided without difficulty;

1 it is the intent of the United States, pursuant to Title 21, United
2 States Code, Section 853(p) and Title 18, United States Code,
3 Section 982(b), to seek forfeiture of any other property of defendant
4 SAM SARKIS SOLAKYAN up to the value of the forfeitable property described
5 above.

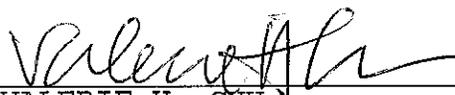
6 All pursuant to Title 18, United States Code, Section 981(a)(1)(C), and
7 Title 28, United States Code, Section 2461(c).

8 DATED: September 25, 2018.

9 A TRUE BILL:

10 
11 _____
Foreperson

12 ADAM L. BRAVERMAN
13 United States Attorney

14 By: 
15 _____
16 VALERIE H. CHU
Assistant U.S. Attorney

17 By: 
18 _____
19 CAROLINE P. HAN
Assistant U.S. Attorney

20 By: 
21 _____
22 FRED SHEPPARD
23 Assistant U.S. Attorney
24
25
26
27
28

**STATEMENT AND DESIGNATION
BY FOREIGN CORPORATION**

3105060

FILED
In the office of the Secretary of State
of the State of California

JUL 02 2008

PARAMOUNT MANAGEMENT SERVICES, INC.

(Name of Corporation)

_____, a corporation organized and existing under the laws of Delaware, makes the following statements and designation:
(State or Place of Incorporation)

1. The address of its principal executive office is 14724 Ventura Blvd, Suite 1105
Sherman Oaks, CA 91403
2. The address of its principal office in the State of California is 14724 Ventura Blvd, Suite 1105
Sherman Oaks, CA 91403
(If none, leave Item 2 blank.)

DESIGNATION OF AGENT FOR SERVICE OF PROCESS IN THE STATE OF CALIFORNIA

(Complete either Item 3 or Item 4.)

3. (Use this paragraph if the process agent is a natural person.)

Kevin J. Keenan, a natural person residing in the State of California, whose complete street address is 523 W. 6th Street, Suite 626
Los Angeles, CA 90014, is designated as agent upon whom process directed to this corporation may be served within the State of California, in the manner provided by law.

4. (Use this paragraph if the process agent is another corporation.)

_____, a corporation organized and existing under the laws of _____, is designated as agent upon whom process directed to this corporation may be served within the State of California, in the manner provided by law.

5. It irrevocably consents to service of process directed to it upon the agent designated above, and to service of process on the Secretary of State of the State of California if the agent so designated or the agent's successor is no longer authorized to act or cannot be found at the address given.



(Signature of Corporate Officer)

Sam S. Solakyan, President
(Typed Name and Title of Officer Signing)

If an individual is designated as the agent for service of process, include the agent's business or residential street address in California (a P.O. Box address is not acceptable). If another corporation is designated as the agent for service of process, do not include the address of the designated corporation. Note: Corporate agents must have complied with California Corporations Code section 1505 prior to designation, and a corporation cannot act as its own agent.

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PARAMOUNT MANAGEMENT SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF JUNE, A.D. 2008.



4280593 8300

080729008

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

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6691165

DATE: 06-26-08



State of California

F

Secretary of State

Statement of Information (Foreign Corporation)

E-H09729**FILED**In the office of the Secretary of
State of the State of California**Oct - 19 2011**

This Space For Filing Use Only

**FEES (Filing and Disclosure): \$25.00. If amendment, see instructions.
IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM****1. CORPORATE NAME**C3105060
PARAMOUNT MANAGEMENT SERVICES, INC.14622 VENTURA BLVD., SUITE 725
SHERMAN OAKS CA 91403**DUE DATE:****No Change Statement** (Not applicable if agent address of record is a P.O. Box address. See instructions.)2. If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to **Item 12**.

If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement has been previously filed, this form must be completed in its entirety.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 3 and 4 cannot be P.O. Boxes.)3. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE CITY STATE ZIP CODE
550 N. BRAND BLVD. SUITE 600 GLENDALE CA 912034. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY CITY STATE ZIP CODE
550 N. BRAND BLVD. SUITE 600 GLENDALE, CA 912035. MAILING ADDRESS OF THE CORPORATION, IF DIFFERENT THAN ITEM 3 CITY STATE ZIP CODE
14622 VENTURA BLVD., SUITE 725 SHERMAN OAKS CA 91403**Names and Complete Addresses of the Following Officers** (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)6. CHIEF EXECUTIVE OFFICER/ ADDRESS CITY STATE ZIP CODE
SAM S SOLAKYAN 14622 VENTURA BLVD., SUITE 725 SHERMAN OAKS, CA 914037. SECRETARY ADDRESS CITY STATE ZIP CODE
SAM S SOLAKYAN 14622 VENTURA BLVD., SUITE 725 SHERMAN OAKS, CA 914038. CHIEF FINANCIAL OFFICER/ ADDRESS CITY STATE ZIP CODE
SAM S. SOLAKYAN 14622 VENTURA BLVD., SUITE 725 SHERMAN OAKS CA 91403**Agent for Service of Process** (If the agent is an individual, the agent must reside in California and Item 10 must be completed with a California street address (a P.O. Box is not acceptable). If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 10 must be left blank.)**9. NAME OF AGENT FOR SERVICE OF PROCESS**

KEVIN J. KEENAN, ESQ

10. STREET ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE
523 W. 6TH STREET, SUITE 626 LOS ANGELES, CA 90014**Type of Business**11. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION
BILLING & COLLECTIONS

12. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

10/19/2011

VIVIAN V. SARKISIAN

CONTOLLER

DATE

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

TITLE

SIGNATURE



State of California Secretary of State

F

Statement of Information (Foreign Corporation)

FEES (Filing and Disclosure): \$25.00.

If this is an amendment, see instructions.

IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME

2. CALIFORNIA CORPORATE NUMBER

This Space for Filing Use Only

No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.)

3. **If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.**

If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to **Item 13**.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY	STATE	ZIP CODE
5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
6. MAILING ADDRESS OF THE CORPORATION, IF DIFFERENT THAN ITEM 4	CITY	STATE	ZIP CODE

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

7. CHIEF EXECUTIVE OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
8. SECRETARY	ADDRESS	CITY	STATE	ZIP CODE
9. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY	STATE	ZIP CODE

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 11 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 11 must be left blank.

10. NAME OF AGENT FOR SERVICE OF PROCESS

11. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, **IF AN INDIVIDUAL** CITY STATE ZIP CODE

Type of Business

12. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION

13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

DATE TYPE/PRINT NAME OF PERSON COMPLETING FORM TITLE SIGNATURE

D1283289

201506810344



State of California Secretary of State

3105060 out

Limited Liability Company Articles of Organization - Conversion

LLC-1A

File #

FILED Secretary of State State of California

MAR 04 2015

IMPORTANT - Read all instructions before completing this form.

This Space For Filing Use Only

Converted Entity Information

1. Name of Limited Liability Company (The name must include the words Limited Liability Company or the abbreviations LLC or L.L.C. The words Limited and Company may be abbreviated to Ltd. and Co., respectively.)

Paramount Management Services, LLC

2. The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

3. The limited liability company will be managed by (check only one):

[X] One Manager

[] More Than One Manager

[] All Limited Liability Company Member(s)

4. Initial Street Address of Limited Liability Company's Designated Office in CA City State Zip Code 550 N. Brand Blvd., 20th Floor Glendale CA 91203

5. Initial Mailing Address of Limited Liability Company, if different from Item 4 City State Zip Code 550 N. Brand Blvd., 20th Floor Glendale CA 91203

6. Name of Initial Agent For Service of Process (Item 6: List a California resident or a California registered corporate agent that agrees to be your initial agent for service of process in case the LLC is sued. You may list any adult who lives in California. You may not list an LLC as the agent. Item 7: If the agent is an individual, list the agent's business or residential street address in California. Do not list an address if the agent is a California registered corporate agent as the address for service of process is already on file.)

Law Offices of Kevin J. Keenan, a Professional Corporation

7. If an individual, Street Address of Agent for Service of Process in CA City State Zip Code CA

Converting Entity Information

8. Name of Converting Entity

Paramount Management Services, Inc.

9. Form of Entity

Corporation

10. Jurisdiction

Delaware

11. CA Secretary of State File Number, if any

3105060

12. The principal terms of the plan of conversion were approved by a vote of the number of interests or shares of each class that equaled or exceeded the vote required. If a vote was required, the following was required for each class:

The class and number of outstanding interests entitled to vote.

AND

The percentage vote required of each class.

1,000 Shares

MAJORITY

Additional Information

13. Additional information set forth on the attached pages, if any, is incorporated herein by this reference and made part of this certificate.

14. I certify under penalty of perjury that the contents of this document are true. I declare I am the person who executed this instrument, which execution is my act and deed.

Signature of Authorized Person

Sam S. Solakyan, President

Type or Print Name and Title of Authorized Person

Signature of Authorized Person

Type or Print Name and Title of Authorized Person



State of California Secretary of State

L

120
PK

STATEMENT OF INFORMATION (Limited Liability Company)

Filing Fee \$20.00. If this is an amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
Secretary of State
State of California

MAY 04 2016

1/NE/PC
This Space For Filing Use Only

1. LIMITED LIABILITY COMPANY NAME
PARAMOUNT MANAGEMENT SERVICES, LLC

File Number and State or Place of Organization

2. SECRETARY OF STATE FILE NUMBER 201506810344	3. STATE OR PLACE OF ORGANIZATION (If formed outside of California)
--	---

No Change Statement

4. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no Statement of Information has been previously filed, this form must be completed in its entirety.

If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 15.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)

5. STREET ADDRESS OF PRINCIPAL OFFICE 550 N. Brand Blvd., 20th Floor, Glendale, CA 91203	CITY	STATE	ZIP CODE
6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5	CITY	STATE	ZIP CODE
7. STREET ADDRESS OF CALIFORNIA OFFICE 550 N. Brand Blvd., 20th Floor, Glendale, CA 91203	CITY	STATE CA	ZIP CODE

Name and Complete Address of the Chief Executive Officer, If Any

8. NAME	ADDRESS	CITY	STATE	ZIP CODE
---------	---------	------	-------	----------

Name and Complete Address of Any Manager or Managers, or if None Have Been Appointed or Elected, Provide the Name and Address of Each Member (Attach additional pages, if necessary.)

9. NAME Capital Edge Holdings, LLC	ADDRESS 550 N. Brand Blvd., 20th Floor	CITY Glendale, CA	STATE	ZIP CODE 91203
10. NAME Sam S. Solakyan	ADDRESS 550 N. Brand Blvd., 20th Floor	CITY Glendale, CA	STATE	ZIP CODE 91203
11. NAME	ADDRESS	CITY	STATE	ZIP CODE

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address, a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.

12. NAME OF AGENT FOR SERVICE OF PROCESS
Corporation Service Company which will do business in California as CSC-Lawyers Incorporating Service **0592199**

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE CA	ZIP CODE
--	------	-------------	----------

Type of Business

14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY
Billing and Collections Services

15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

05/03/2016 Jill Climi, Authorized Person

DATE	TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM	TITLE	SIGNATURE
------	--	-------	-----------



**Attachment to
Statement of Information
(Limited Liability Company)**

**LLC-12A
Attachment**

A. Limited Liability Company Name

Paramount Management Services, LLC

This Space For Office Use Only

B. 12-Digit Secretary of State File Number

201506810344

C. State or Place of Organization (only if formed outside of California)

D. List of Additional Manager(s) or Member(s) - If the manager/member is an individual, enter the individual's name and address. If the manager/member is an entity, enter the entity's name and address. Note: The LLC cannot serve as its own manager or member.

2a. First Name – Do not complete Item 2b	Middle Name	Last Name	Suffix
2b. Entity Name – Do not complete Item 2a Capital Edge Holdings, LLC			
2c. Address 550 N. Brand Blvd. 20th Floor	City (no abbreviations) Glendale	State CA	Zip Code 91203
3a. First Name – Do not complete Item 3b	Middle Name	Last Name	Suffix
3b. Entity Name – Do not complete Item 3a			
3c. Address	City (no abbreviations)	State	Zip Code
4a. First Name – Do not complete Item 4b	Middle Name	Last Name	Suffix
4b. Entity Name – Do not complete Item 4a			
4c. Address	City (no abbreviations)	State	Zip Code
5a. First Name – Do not complete Item 5b	Middle Name	Last Name	Suffix
5b. Entity Name – Do not complete Item 5a			
5c. Address	City (no abbreviations)	State	Zip Code
6a. First Name – Do not complete Item 6b	Middle Name	Last Name	Suffix
6b. Entity Name – Do not complete Item 6a			
6c. Address	City (no abbreviations)	State	Zip Code
7a. First Name – Do not complete Item 7b	Middle Name	Last Name	Suffix
7b. Entity Name – Do not complete Item 7a			
7c. Address	City (no abbreviations)	State	Zip Code
8a. First Name – Do not complete Item 8b	Middle Name	Last Name	Suffix
8b. Entity Name – Do not complete Item 8a			
8c. Address	City (no abbreviations)	State	Zip Code

LLC-1

Articles of Organization of a Limited Liability Company (LLC)

201507910296

To form a limited liability company in California, you can fill out this form, and submit for filing along with:

- A \$70 filing fee.
- A separate, non-refundable \$15 service fee also must be included, if you drop off the completed form.

Important! LLCs in California may have to pay a minimum \$800 yearly tax to the California Franchise Tax Board. For more information, go to https://www.ftb.ca.gov.

LLCs may not provide "professional services," as defined by California Corporations Code sections 13401(a) and 13401.3.

Note: Before submitting the completed form, you should consult with a private attorney for advice about your specific business needs.

FILED Secretary of State State of California

MAR 20 2015 65

This Space For Office Use Only

For questions about this form, go to www.sos.ca.gov/business/be/filing-tips.htm.

LLC Name (List the proposed LLC name exactly as it is to appear on the records of the California Secretary of State.)

Capital Edge Holdings, LLC

Proposed LLC Name

The name must include: LLC, L.L.C., Limited Liability Company, Limited Liability Co., Ltd. Liability Co. or Ltd. Liability Company; and may not include: bank, trust, trustee, incorporated, inc., corporation, or corp., insurer, or insurance company. For general entity name requirements and restrictions, go to www.sos.ca.gov/business/be/name-availability.htm.

Purpose

- The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

LLC Addresses

550 N. Brand Blvd., 20th Floor Glendale CA 91203
Initial Street Address of Designated Office in CA - Do not list a P.O. Box City (no abbreviations) State Zip

Initial Mailing Address of LLC, if different from 3a City (no abbreviations) State Zip

Service of Process (List a California resident or a California registered corporate agent that agrees to be your initial agent to accept service of process in case your LLC is sued. You may list any adult who lives in California. You may not list an LLC as the agent. Do not list an address if the agent is a California registered corporate agent as the address for service of process is already on file.)

Law Offices of Kevin J. Keenan, a Professional Corporation

Agent's Name

CA
Agent's Street Address (if agent is not a corporation) - Do not list a P.O. Box City (no abbreviations) State Zip

Management (Check only one.)

The LLC will be managed by:

- One Manager (checked)
More Than One Manager
All Limited Liability Company Member(s)

This form must be signed by each organizer. If you need more space, attach extra pages that are 1-sided and on standard letter-sized paper (8 1/2" x 11"). All attachments are made part of these articles of organization.

Organizer - Sign here

Kevin J. Keenan
Print your name here

Make check/money order payable to: Secretary of State
Upon filing, we will return one (1) uncertified copy of your filed document for free, and will certify the copy upon request and payment of a \$5 certification fee.

By Mail
Secretary of State
Business Entities, P.O. Box 944228
Sacramento, CA 94244-2280

Drop-Off
Secretary of State
1500 11th Street, 3rd Floor
Sacramento, CA 95814



State of California Secretary of State

L

STATEMENT OF INFORMATION (Limited Liability Company)

43
NK

Filing Fee \$20.00. If this is an amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
Secretary of State
State of California

MAY 04 2016

1/NF/PC

This Space For Filing Use Only

1. LIMITED LIABILITY COMPANY NAME

CAPITAL EDGE HOLDINGS, LLC

File Number and State or Place of Organization

2. SECRETARY OF STATE FILE NUMBER **201507910296**

3. STATE OR PLACE OF ORGANIZATION (If formed outside of California)

No Change Statement

4. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no Statement of Information has been previously filed, this form must be completed in its entirety.

If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 15.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)

5. STREET ADDRESS OF PRINCIPAL OFFICE CITY STATE ZIP CODE
550 N. Brand Blvd., 20th Floor, Glendale, CA 91203

6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5 CITY STATE ZIP CODE

7. STREET ADDRESS OF CALIFORNIA OFFICE CITY STATE ZIP CODE
550 N. Brand Blvd., 20th Floor, Glendale, CA 91203
CA

Name and Complete Address of the Chief Executive Officer, if Any

8. NAME ADDRESS CITY STATE ZIP CODE
Sam S. Solakyan 550 N. Brand Blvd., 20th Floor Glendale, CA 91203

Name and Complete Address of Any Manager or Managers, or if None Have Been Appointed or Elected, Provide the Name and Address of Each Member (Attach additional pages, if necessary.)

9. NAME ADDRESS CITY STATE ZIP CODE
Columbus Capital, Inc. 550 N. Brand Blvd., 20th Floor Glendale, CA 91203

10. NAME ADDRESS CITY STATE ZIP CODE
Sam S. Solakyan 550 N. Brand Blvd., 20th Floor Glendale, CA 91203

11. NAME ADDRESS CITY STATE ZIP CODE

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address, a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.

12. NAME OF AGENT FOR SERVICE OF PROCESS Corporation Service Company which will do business in California as CSC-Lawyers Incorporating Service **0592199**

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE
CA

Type of Business

14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY
Business Services

15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.
05/03/2016 Jill Climi, Authorized Person

DATE TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM TITLE SIGNATURE

LLC-2

**Amendment to Articles of Organization
of a Limited Liability Company (LLC)**

To change information of record for your California LLC, you can fill out this form, and submit for filing along with:

- A **\$30** filing fee.
- A separate, non-refundable **\$15** service fee also must be included, if you **drop off** the completed form.
- To file this form, the status of your LLC must be active on the records of the California Secretary of State, or if suspended, this form can only be filed to list a new LLC name. To check the status of the LLC, go to kepler.sos.ca.gov.

Important! To change the LLC addresses, or to change the name or address of the LLC's agent for service of process, you must file a Statement of Information (Form LLC-12). To get Form LLC-12, go to www.sos.ca.gov/business/be/statements.htm.

Items 4-6: **Only** fill out the information that is changing. Attach extra pages if you need more space or need to include any other matters.

FILED
Secretary of State
State of California

MAY 09 2016

lpc

This Space For Office Use Only

For questions about this form, go to www.sos.ca.gov/business/be/filing-tips.htm.

① **LLC's Exact Name** (on file with CA Secretary of State)
Capital Edge Holdings, LLC

② **LLC File No.** (issued by CA Secretary of State)
201507910296

Purpose

③ The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

New LLC Name (List the proposed LLC name exactly as it is to appear on the records of the California Secretary of State.)

④ **Access Integrated Healthcare, LLC**

Proposed LLC Name

The proposed new name **must** include: LLC, L.L.C., Limited Liability Company, Limited Liability Co., Ltd. Liability Co. or Ltd. Liability Company; and **may not** include: bank, trust, trustee, incorporated, inc., corporation, or corp., insurer, or insurance company.

Management (Check only one.)

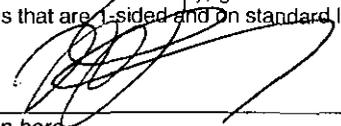
⑤ The LLC will be managed by:

- One Manager More Than One Manager All Limited Liability Company Member(s)

Amendment to Text of the Articles of Organization (List both the current text, and the text as amended by this filing.)

⑥

Read and sign below: Unless a greater number is provided in the Articles of Organization, this form must be signed by at least one manager, if the LLC is manager-managed or at least one member, if the LLC is member-managed. If the signing manager or member is a trust or another entity, go to www.sos.ca.gov/business/be/filing-tips.htm for more information. If you need more space, attach extra pages that are 1-sided and on standard letter-sized paper (8 1/2" x 11"). All attachments are part of this document.


Sign here

Manel Sweetmore
Print your name here

Manager and CEO
Your business title

Make check/money order payable to: **Secretary of State**
Upon filing, we will return one (1) uncertified copy of your filed document for free, and will certify the copy upon request and payment of a \$5 certification fee.

By Mail
Secretary of State
Business Entities, P.O. Box 944228
Sacramento, CA 94244-2280

Drop-Off
Secretary of State
1500 11th Street., 3rd Floor
Sacramento, CA 95814



**Secretary of State
Statement of Information
(Limited Liability Company)**

137 PA

LLC-12

**FILED
Secretary of State
State of California**

MAR 30 2017

IMPORTANT — Read instructions before completing this form.

Filing Fee - \$20.00

Copy Fees – Face Page \$1.00 & .50 for each attachment page;
Certification Fee - \$5.00

21.50/20/pc

(This Space For Office Use Only)

1. Limited Liability Company Name
Access Integrated Healthcare, LLC

2. 12-Digit Secretary of State File Number
201507910296

3. State or Place of Organization (only if formed outside of California)

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box 550 N. Brand Blvd., 20th Floor	City (no abbreviations) Glendale	State CA	Zip Code 91203
b. Mailing Address of LLC, if different than Item 4a	City (no abbreviations)	State	Zip Code
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box 550 N. Brand Blvd., 20th Floor	City (no abbreviations) Glendale	State CA	Zip Code 91203

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 must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A (see instructions).

a. First Name, if an individual - Do not complete Item 5b	Middle Name	Last Name	Suffix
b. Entity Name - Do not complete Item 5a Columbus Capital, Inc.			
c. Address 550 N. Brand Blvd., 20th Floor	City (no abbreviations) Glendale	State CA	Zip Code 91203

6. Agent for Service of Process

Item 6a and 6b: If the agent is an individual, the agent must reside in California and Item 6a and 6b must be completed with the agent's name and California address. Item 6c: If the agent is a California Registered Corporate Agent, a current agent registration certificate must be on file with the California Secretary of State and Item 6c must be completed (leave Item 6a-6b blank).

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 list a P.O. Box			
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete item 6a or 6b Corporation Service Company which will do business in California as CSC-Lawyers Incorporating Service C1592199			

7. Type of Business

a. Describe the type of business or services of the Limited Liability Company
Business Services

8. Chief Executive Officer, if elected or appointed

a. First Name Sam	Middle Name S.	Last Name Solakyan	Suffix
b. Address 550 N. Brand Blvd., 20th Floor	City (no abbreviations) Glendale	State CA	Zip Code 91203

9. The information contained herein, including any attachments, is true and correct.

03/30/2017

Sam S. Solakyan

Authorized Person

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: []
Company: []
Address: []
City/State/Zip: []

 <p>Attachment to Statement of Information (Limited Liability Company)</p>	<p>LLC-12A Attachment</p>
<p>A. Limited Liability Company Name</p> <p style="font-size: 1.2em;">Access Integrated Healthcare, LLC</p>	
<p>This Space For Office Use Only</p>	
<p>B. 12-Digit Secretary of State File Number</p> <p style="font-size: 1.5em; text-align: center;">201507910296</p>	<p>C. State or Place of Organization (only if formed outside of California)</p>

D. List of Additional Manager(s) or Member(s) - If the manager/member is an individual, enter the individual's name and address. If the manager/member is an entity, enter the entity's name and address. Note: The LLC cannot serve as its own manager or member.

2a. First Name – Do not complete Item 2b Sam	Middle Name S.	Last Name Solakyan	Suffix
2b. Entity Name – Do not complete Item 2a			
2c. Address 550 N. Brand Blvd., 20th Floor	City (no abbreviations) Glendale	State CA	Zip Code 91203
3a. First Name – Do not complete Item 3b	Middle Name	Last Name	Suffix
3b. Entity Name – Do not complete Item 3a			
3c. Address	City (no abbreviations)	State	Zip Code
4a. First Name – Do not complete Item 4b	Middle Name	Last Name	Suffix
4b. Entity Name – Do not complete Item 4a			
4c. Address	City (no abbreviations)	State	Zip Code
5a. First Name – Do not complete Item 5b	Middle Name	Last Name	Suffix
5b. Entity Name – Do not complete Item 5a			
5c. Address	City (no abbreviations)	State	Zip Code
6a. First Name – Do not complete Item 6b	Middle Name	Last Name	Suffix
6b. Entity Name – Do not complete Item 6a			
6c. Address	City (no abbreviations)	State	Zip Code
7a. First Name – Do not complete Item 7b	Middle Name	Last Name	Suffix
7b. Entity Name – Do not complete Item 7a			
7c. Address	City (no abbreviations)	State	Zip Code
8a. First Name – Do not complete Item 8b	Middle Name	Last Name	Suffix
8b. Entity Name – Do not complete Item 8a			
8c. Address	City (no abbreviations)	State	Zip Code

The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.
The reader should not assume that the information is accurate and complete.

**UNITED STATES SECURITIES AND EXCHANGE
COMMISSION**
Washington, D.C. 20549
FORM D

OMB APPROVAL	
OMB Number:	3235-0076
Estimated average burden hours per response:	4.00

Notice of Exempt Offering of Securities

1. Issuer's Identity

CIK (Filer ID Number)	Previous Names <input type="checkbox"/> None	Entity Type
0001677650	Capital Edge Holdings, LLC	<input type="checkbox"/> Corporation
Name of Issuer		<input type="checkbox"/> Limited Partnership
Access Integrated Healthcare, LLC		<input checked="" type="checkbox"/> Limited Liability Company
Jurisdiction of Incorporation/Organization		<input type="checkbox"/> General Partnership
CALIFORNIA		<input type="checkbox"/> Business Trust
Year of Incorporation/Organization		<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Over Five Years Ago		
<input checked="" type="checkbox"/> Within Last Five Years (Specify Year) 2015		
<input type="checkbox"/> Yet to Be Formed		

2. Principal Place of Business and Contact Information

Name of Issuer			
Access Integrated Healthcare, LLC			
Street Address 1		Street Address 2	
550 N. BRAND BLVD., 20TH FLOOR			
City	State/Province/Country	ZIP/PostalCode	Phone Number of Issuer
GLENDALE	CALIFORNIA	91203	8664607465

3. Related Persons

Last Name	First Name	Middle Name
Sweetmore	Manel	
Street Address 1	Street Address 2	
550 N. Brand Blvd.	20th Floor	
City	State/Province/Country	ZIP/PostalCode
Glendale	CALIFORNIA	91203
Relationship:	<input checked="" type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter	

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Castro	James	
Street Address 1	Street Address 2	
550 N. Brand Blvd.	20th Floor	
City	State/Province/Country	ZIP/PostalCode
Glendale	CALIFORNIA	91203
Relationship: <input checked="" type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Khan	Sana	Ullah
Street Address 1	Street Address 2	
550 N. Brand Blvd.	20th Floor	
City	State/Province/Country	ZIP/PostalCode
Glendale	CALIFORNIA	91203
Relationship: <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Solakyan	Sam	
Street Address 1	Street Address 2	
550 N. Brand Blvd.	20th Floor	
City	State/Province/Country	ZIP/PostalCode
Glendale	CALIFORNIA	91203
Relationship: <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Saqib	Abdul	Latif
Street Address 1	Street Address 2	
550 N. Brand Blvd.	20th Floor	
City	State/Province/Country	ZIP/PostalCode
Glendale	CALIFORNIA	91203
Relationship: <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

4. Industry Group

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Health Care	<input type="checkbox"/> Retailing
<input type="checkbox"/> Banking & Financial Services	<input type="checkbox"/> Biotechnology	<input type="checkbox"/> Restaurants

<input type="checkbox"/> Commercial Banking	<input type="checkbox"/> Health Insurance	<input type="checkbox"/>
<input type="checkbox"/> Insurance	<input type="checkbox"/> Hospitals & Physicians	<input type="checkbox"/> Technology
<input type="checkbox"/> Investing	<input type="checkbox"/> Pharmaceuticals	<input type="checkbox"/> Computers
<input type="checkbox"/> Investment Banking	<input type="checkbox"/> Other Health Care	<input type="checkbox"/> Telecommunications
<input type="checkbox"/> Pooled Investment Fund	<input checked="" type="checkbox"/> Other Health Care	<input type="checkbox"/> Other Technology
Is the issuer registered as an investment company under the Investment Company Act of 1940?	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Travel
<input type="checkbox"/> Yes <input type="checkbox"/> No	Real Estate	<input type="checkbox"/> Airlines & Airports
<input type="checkbox"/> Other Banking & Financial Services	<input type="checkbox"/> Commercial	<input type="checkbox"/> Lodging & Conventions
<input type="checkbox"/> Business Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Tourism & Travel Services
Energy	<input type="checkbox"/> REITS & Finance	<input type="checkbox"/> Other Travel
<input type="checkbox"/> Coal Mining	<input type="checkbox"/> Residential	<input type="checkbox"/> Other
<input type="checkbox"/> Electric Utilities	<input type="checkbox"/> Other Real Estate	
<input type="checkbox"/> Energy Conservation		
<input type="checkbox"/> Environmental Services		
<input type="checkbox"/> Oil & Gas		
<input type="checkbox"/> Other Energy		

5. Issuer Size

Revenue Range	OR	Aggregate Net Asset Value Range
<input type="checkbox"/> No Revenues		<input type="checkbox"/> No Aggregate Net Asset Value
<input type="checkbox"/> \$1 - \$1,000,000		<input type="checkbox"/> \$1 - \$5,000,000
<input type="checkbox"/> \$1,000,001 - \$5,000,000		<input type="checkbox"/> \$5,000,001 - \$25,000,000
<input type="checkbox"/> \$5,000,001 - \$25,000,000		<input type="checkbox"/> \$25,000,001 - \$50,000,000
<input checked="" type="checkbox"/> \$25,000,001 - \$100,000,000		<input type="checkbox"/> \$50,000,001 - \$100,000,000
<input type="checkbox"/> Over \$100,000,000		<input type="checkbox"/> Over \$100,000,000
<input type="checkbox"/> Decline to Disclose		<input type="checkbox"/> Decline to Disclose
<input type="checkbox"/> Not Applicable		<input type="checkbox"/> Not Applicable

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

<input type="checkbox"/> Rule 504(b)(1) (not (i), (ii) or (iii))	<input type="checkbox"/> Investment Company Act Section 3(c)
<input type="checkbox"/> Rule 504 (b)(1)(i)	<input type="checkbox"/> Section 3(c)(1) <input type="checkbox"/> Section 3(c)(9)
<input type="checkbox"/> Rule 504 (b)(1)(ii)	<input type="checkbox"/> Section 3(c)(2) <input type="checkbox"/> Section 3(c)(10)
<input type="checkbox"/> Rule 504 (b)(1)(iii)	

- | | | |
|---|--|---|
| <input type="checkbox"/> Rule 505 | <input type="checkbox"/> Section 3(c)(3) | <input type="checkbox"/> Section 3(c)(11) |
| <input checked="" type="checkbox"/> Rule 506(b) | <input type="checkbox"/> Section 3(c)(4) | <input type="checkbox"/> Section 3(c)(12) |
| <input type="checkbox"/> Rule 506(c) | <input type="checkbox"/> Section 3(c)(5) | <input type="checkbox"/> Section 3(c)(13) |
| <input type="checkbox"/> Securities Act Section 4(a)(5) | <input type="checkbox"/> Section 3(c)(6) | <input type="checkbox"/> Section 3(c)(14) |
| | <input type="checkbox"/> Section 3(c)(7) | |

7. Type of Filing

- New Notice Date of First Sale [2016-03-07](#) First Sale Yet to Occur
- Amendment

8. Duration of Offering

Does the Issuer intend this offering to last more than one year? Yes No

9. Type(s) of Securities Offered (select all that apply)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Equity | <input type="checkbox"/> Pooled Investment Fund Interests |
| <input type="checkbox"/> Debt | <input type="checkbox"/> Tenant-in-Common Securities |
| <input type="checkbox"/> Option, Warrant or Other Right to Acquire Another Security | <input type="checkbox"/> Mineral Property Securities |
| <input type="checkbox"/> Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security | <input type="checkbox"/> Other (describe) |

10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer? Yes No

Clarification of Response (if Necessary):

11. Minimum Investment

Minimum investment accepted from any outside investor [\\$13,171,611](#) USD

12. Sales Compensation

Recipient	Recipient CRD Number <input checked="" type="checkbox"/> None	
(Associated) Broker or Dealer <input checked="" type="checkbox"/> None	(Associated) Broker or Dealer CRD Number <input checked="" type="checkbox"/> None	
Street Address 1	Street Address 2	ZIP/Postal Code
City	State/Province/Country	
State(s) of Solicitation (select all that apply) Check "All States" or check individual States	<input type="checkbox"/> All States <input type="checkbox"/> Foreign/non-US	

13. Offering and Sales AmountsTotal Offering Amount \$13,171,611 USD or Indefinite

Total Amount Sold \$13,171,611 USD

Total Remaining to be Sold \$0 USD or Indefinite

Clarification of Response (if Necessary):

14. Investors

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering.

Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

15. Sales Commissions & Finder's Fees Expenses

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$0 USD EstimateFinders' Fees \$0 USD Estimate

Clarification of Response (if Necessary):

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$0 USD Estimate

Clarification of Response (if Necessary):

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that

such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.

- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
Access Integrated Healthcare, LLC	/s/ Laszlo Kupan	Laszlo Kupan	General Counsel	2016-06-22

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.

16-61288



State of California Secretary of State

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Statement of Information

(Domestic Stock and Agricultural Cooperative Corporations) FEES (Filing and Disclosure): \$25.00.

If this is an amendment, see instructions.

IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED Secretary of State State of California

APR 19 2016

1. CORPORATE NAME
Columbus Capital, Inc.

2. CALIFORNIA CORPORATE NUMBER
C3645146

1/NF/PC
This Space for Filing Use Only

No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.)

3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.
 If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 17.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

Table with 4 columns: Item Number, Address, City, State, ZIP Code. Rows 4-6.

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

Table with 5 columns: Item Number, Title, Name, Address, City, State, ZIP Code. Rows 7-9.

Names and Complete Addresses of All Directors, Including Directors Who are Also Officers (The corporation must have at least one director. Attach additional pages, if necessary.)

Table with 5 columns: Item Number, Name, Address, City, State, ZIP Code. Rows 10-12.

13. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 15 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 15 must be left blank.

14. NAME OF AGENT FOR SERVICE OF PROCESS
Law Offices of Kevin J. Keenan, a Professional Corporation C2347181

15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE
CA

Type of Business

16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION
Holding Company

17. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

DATE TYPE/PRINT NAME OF PERSON COMPLETING FORM TITLE SIGNATURE
04-19-16 Sam S. Solakyan President



Secretary of State
Certificate of Cancellation
Limited Liability Company (LLC)

LLC-4/7

FILED
 Secretary of State
 State of California

JUN 23 2017

This Space For Office Use Only

IMPORTANT — Read Instructions before completing this form.

There is **No Fee** for filing a Certificate of Cancellation

Copy Fees – First page \$1.00; each attachment page \$0.50;
 Certification Fee - \$5.00 plus copy fees

1. Limited Liability Company Name (Enter the exact name of the LLC as it is recorded with the California Secretary of State)

Paramount Management Services, LLC

2. 12-Digit Secretary of State File Number

201506810344

3. Dissolution (California LLCs ONLY: Check the box if the vote to dissolve was made by the vote of **ALL** the members.)

The dissolution was made by a vote of **ALL** of the members of the California Limited Liability Company.

Note: If the above box is not checked, a **Certificate of Dissolution** (Form LLC-3) must be filed prior to or together with this Certificate of Cancellation. (California Corporations Code section 17707.08(a).)

4. Tax Liability Statement (Do not alter the Tax Liability Statement.)

All final returns required under the California Revenue and Taxation Code have been or will be filed with the California Franchise Tax Board.

5. Cancellation Statement (Do not alter the Cancellation Statement.)

Upon the effective date of this Certificate of Cancellation, the Limited Liability Company's registration is cancelled and its powers, rights and privileges will cease in California.

6. Read and Sign Below (See instructions for signature requirements. Do not use a computer generated signature.)

By signing this document, I certify that the information is true and that I am authorized by California law to sign.

Signature

Allen Soong, Manager

Type or Print Name

Signature

Type or Print Name

Signature

Type or Print Name