



Application for Authority to Transact Business - Foreign Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilingInOregon.com - Phone: (503) 986-2200

FILED

JUL 02 2013

REGISTRY NUMBER:

94808699

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OREGON SECRETARY OF STATE

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In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1) NAME: MASTER TENANT (OREGON) AID OPCO LLC

NOTE: (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.") Must be identical to the name of record in home jurisdiction.

2) REGISTRY NUMBER IN HOME JURISDICTION

OR: CERTIFICATE OF EXISTENCE (ATTACHED)

(Please provide a web-verifiable registry number from the entity's home jurisdiction. Certain states, such as Delaware and New Jersey, do not provide status information online. Entities from such places must instead attach an official certificate of existence, current within 90 days of delivery to this office.)

7) REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:

(Must be an Oregon Street Address, which is identical to the registered agent's business office.)

388 State Street, Ste. 420

Salem, OR 97301

3) DATE OF ORGANIZATION: DURATION, IF NOT PERPETUAL:

May 21, 2013

8) ADDRESS OF PRINCIPAL OFFICE OF THE BUSINESS:

301 Commerce St., Ste 3300

Fort Worth, Texas 76102

4) STATE OR COUNTRY OF ORGANIZATION:

Delaware

9) ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

301 Commerce St., Ste 3300

Fort Worth, Texas 76102

5) THIS FOREIGN LIMITED LIABILITY COMPANY SATISFIES THE REQUIREMENTS OF ORS 63.714(3).

10) HOW WILL THIS LIMITED LIABILITY COMPANY BE MANAGED?

6) NAME OF OREGON REGISTERED AGENT:

C T Corporation System

[X] This LLC will be member-managed by one or more members.

[] This LLC will be manager-managed by one or more managers.

11) EXECUTION: (At least one member or manager must sign.)

By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature:

[Handwritten Signature]

Printed Name:

Title:

By: PARENT AID OPCO TRS LLC, its Sole Member

By: Ronald Cami, V.P./Authorized Person

CONTACT NAME: (To resolve questions with this filing.)

MASTER TENANT (OREGON) AID OPCO



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FEEES
Required Processing Fee \$275
Processing Fees are nonrefundable. Please make check payable to "Corporation Division."
Free copies are available at FilingInOregon.com, using the Business Name Search program.

Company (03/12)