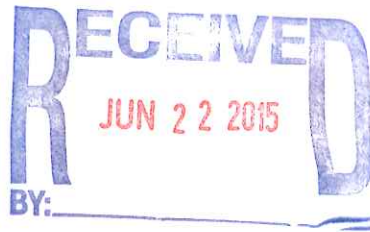


June 17, 2015

Salisbury Avenue Associates, LLC
C. Thomas Shurstad
Managing Member
11 St. Lucia Place
Belvedere Tiburon, CA 94920-1027



Alameda County
Treasurer- Tax Collector
1221 Oak Street, Room 145
Oakland, CA 94612-4223

Re: Change of Address

**APN 027-0879-015-2
2145-2151 35th Avenue
Oakland, CA 94601-3124**

Dear Sir or Madam:

I am the Managing Member of Salisbury Avenue Associates, LLC, a California Limited Liability Company. To authenticate my status, I have attached a copy of the LLC's Statement of Information filed the California Secretary of State.

Please change the mailing address of the referenced property to:

**11 St. Lucia Place
Belvedere Tiburon, CA 94920-1027**

All tax bills, notices, and correspondence should be sent to the above address and to my attention.

My phone number is: 415-407-6224.

Thank you for your attention to this matter. If you have any questions or concerns, please call me.

Very truly yours,

A handwritten signature in black ink that appears to read "C. Shurstad".

C. Thomas Shurstad
Manager & Member
Salisbury Avenue Associates, LLC

Hi,
Look forward
to speaking
with you on
the phone next
week.
Tom Shurstad



State of California Secretary of State

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STATEMENT OF INFORMATION (Limited Liability Company)

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

FILED Secretary of State State of California

MAY 29 2015

IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. LIMITED LIABILITY COMPANY NAME Salisbury Avenue Associates, LLC

44/20/4 CC

This Space For Filing Use Only

File Number and State or Place of Organization

2. SECRETARY OF STATE FILE NUMBER 200705310081

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 11 St. Lucia Place Belvedere Tiburon CA 94920

6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5

7. STREET ADDRESS OF CALIFORNIA OFFICE 11 St. Lucia Place Belvedere Tiburon CA 94920

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 ADDRESS CITY STATE ZIP CODE C. Thomas Shurstad 11 St. Lucia Place Belvedere Tiburon CA 94920

10. NAME ADDRESS CITY STATE ZIP CODE

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 C.Thomas Shurstad

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL 11 St. Lucia Place Belvedere Tiburon CA 94920

Type of Business

14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY Real Estate

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

05/22/2015 DATE

C. Thomas Shurstad TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

Mbr & Manager TITLE

Signature SIGNATURE