Exhibit 32





BARBARA K. CEGAVSKE Secretary of State 202 North Carson Street Carson City, Nevada 89701-4201 (775) 684-5708 Website: www.nvsos.gov

Certificate of Resignation of Officer, Director, Manager, Member, General Partner, **Trustee or Subscriber**

1. The name and title(s) of person that desires to resign:*

Filed in the office of Document Number Barbara K. Cegarste

State of Nevada

Barbara K. Cegavske Secretary of State

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USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Certificate of Resignation of Officer, Director, Manager, Member, General Partner, Trustee or Subscriber

REZA ZANDIAN	MANAGER
Name	Title(s)
2. The name and file number of the ent	tity for which resignation is being made:
2. The name and file number of the ent	tity for which resignation is being made: [LLC29380-2004]

Signature:

Authorized Signature

* Resignation of one person from one entity per form.

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