



State of California
Secretary of State

I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



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

DEC 27 2006

BRUCE McPHERSON
Secretary of State



State of California Secretary of State

STATEMENT BY UNINCORPORATED ASSOCIATION

(Corporations Code section 18200)

4863

ENDORSED - FILED

in the office of the Secretary of State
of the State of California

DEC 18 2006

A \$25.00 filing fee must accompany this form.

IMPORTANT - Read instructions before completing this form.

This Space For Filing Use Only

ENTITY NAME

1. NAME OF UNINCORPORATED ASSOCIATION

Gabrielino - Tongva Tribe, a California Indian Tribe historically known as San Gabriel Band of Mission Indians

PRINCIPAL OFFICE ADDRESS IN CALIFORNIA, IF ANY (If the association has a principal office address in California, complete Item 2 and proceed to Item 4 (leave Item 3 blank.) If the association has no principal office address in California, leave Item 2 blank and proceed to Item 3.)

2. PRINCIPAL OFFICE ADDRESS

CITY STATE ZIP CODE

501 Santa Monica Blvd., Suite 500

Santa Monica

CA

90401

MAILING ADDRESS (If Item 2 was not completed, complete Item 3 with the address to which the Secretary of State shall send any required notices.)

3. MAILING ADDRESS

CITY AND STATE ZIP CODE

AGENT FOR SERVICE OF PROCESS (If Item 2 was completed, the association may designate an agent for service of process. If, however, Item 3 was completed, the association must designate an agent for service of process. If the agent is an individual, the agent must reside in California and both Items 4 and 5 must be completed. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 4 must be completed (leave Item 5 blank).)

4. NAME OF AGENT FOR SERVICE OF PROCESS

Barbara Garcia

5. IF AN INDIVIDUAL, CALIFORNIA ADDRESS OF AGENT FOR SERVICE OF PROCESS

CITY STATE ZIP CODE

501 Santa Monica Blvd., Suite 500

Santa Monica

CA

90401

AMENDED FILING (If the unincorporated association filed a previous statement with the Secretary of State, enter the Secretary of State file number in Item 6, and if the name under which the unincorporated association previously filed differs from the name entered in Item 1, enter the former name of the unincorporated association in Item 7. If the last statement filed by the association has expired, or if no prior statements have been filed, leave Items 6 and 7 blank and proceed to Item 8.)

6. SECRETARY OF STATE FILE NUMBER

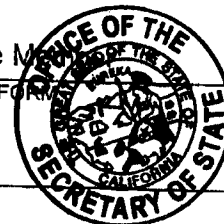
7. FORMER NAME OF UNINCORPORATED ASSOCIATION (if different from the name in Item 1 above)

EXECUTION

8. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

Linda Candelaria
SIGNATURE OF PERSON COMPLETING THIS FORM

Financial Oversight Committee Member
TITLE OF PERSON COMPLETING THIS FORM



Linda Candelaria

December 17, 2006

TYPE OR PRINT THE NAME OF PERSON COMPLETING THIS FORM

DATE