



Mammography

Accession
MA-17-0000001

Exam Date/Time
3/1/2018 09:07 PST

Procedure
MA Mammogram Routine
Screening Bilat

Ordering Provider
Davis, Delinda

Report

MAMMO SCREENING DIGITAL BILATERAL

BILATERAL DIGITAL SCREENING MAMMOGRAM :

CLINICAL : Z12.39 Encounter For Other Screening For Malignant Neoplasm Of Breast. Comparison is made to exams dated : mammogram mammogram mammogram - Cancer Center-Breast Imaging and mammogram - Southpoint Imaging Center.

There are scattered fibroglandular elements in both breasts. Previously biopsied mass within the 10 o'clock position right breast anterior depth is not significantly changed from prior examination. The biopsy marking clip in the right breast status post core biopsy is stable in position. No suspicious masses calcifications or other findings are seen in either breast.

IMPRESSION: BENIGN There is no mammographic evidence of malignancy. A 1 year screening mammogram is recommended. The exam was electronically reviewed by a staff physician. The patient was notified of the results.

Electronically signed by : M.D . Electronically signed on : mss 13:14:33 Imaging Technologist : RT RM
Southpoint Imaging Center letter sent : Normal

BI-RADS: 2 Benign

***** Final *****

Signed (Electronic Signature): 03/01/2018 11:11 am
Signed by: Pickering, Kathy
Technologist: KP049901

Assessment: 2-Benign finding
Recommendation: Normal interval follow-up

Patient: SMART, NANCY

MRN: 10002701

FIN: 20003560

Report ID: 4677756

Admit: 2/22/2018

Discharge:

Printed: 10/21/2019 21:10 CDT

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for
Commercial Recordings

STATE OF NEVADA



OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
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2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
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Certified Copy

02/19/2021 11:20:53 AM

Work Order Number: W2021021900787 - 1138482
Reference Number: 20211246963
Through Date: 02/19/2021 11:20:53 AM
Corporate Name: LUXURY MAUI CONDOS LLC

The undersigned filing officer hereby certifies that the attached copies are true and exact copies of all requested statements and related subsequent documentation filed with the Secretary of State's Office, Commercial Recordings Division listed on the attached report.

Document Number	Description	Number of Pages
20110689164-08	Articles of Organization - 09/23/2011	2



Certified By: Electronically Certified
Certificate Number: B202102191442981
You may verify this certificate
online at <http://www.nvsos.gov>

Respectfully,

A handwritten signature in cursive script that reads "Barbara K. Cegavske".

BARBARA K. CEGAVSKE
Nevada Secretary of State



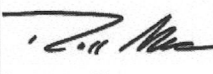
ROSS MILLER
Secretary of State
204 North Carson Street, Suite 4
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050102

Articles of Organization Limited-Liability Company

(PURSUANT TO NRS CHAPTER 86)

Filed in the Office of  Secretary of State State Of Nevada	Business Number E0528952011-7 Filing Number 20110689164-08 Filed On 09/23/2011 Number of Pages 2
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(This document was filed electronically.)

ABOVE SPACE IS FOR OFFICE USE ONLY

USE BLACK INK ONLY - DO NOT HIGHLIGHT

1. Name of Limited-Liability Company: (must contain approved limited-liability company wording; see instructions)	LUXURY MAUI CONDOS LLC	Check box if a Series Limited-Liability Company <input type="checkbox"/>	Check box if a Restricted Limited-Liability Company <input type="checkbox"/>
2. Registered Agent for Service of Process: (check only one box)	<input checked="" type="checkbox"/> Commercial Registered Agent: NATIONAL REGISTERED AGE-SEE ATTACHED Name <input type="checkbox"/> Noncommercial Registered Agent (name and address below) OR <input type="checkbox"/> Office or Position with Entity (name and address below) Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity Street Address City Nevada Zip Code Mailing Address (if different from street address) City Nevada Zip Code		
3. Dissolution Date: (optional)	Latest date upon which the company is to dissolve (if existence is not perpetual):		
4. Management: (required)	Company shall be managed by: <input type="checkbox"/> Manager(s) OR <input checked="" type="checkbox"/> Member(s) (check only one box)		
5. Name and Address of each Manager or Managing Member: (attach additional page if more than 3)	1) BEVERLY FRENCH Name 771 JAMACHA RD #222 EL CAJON CA 92019 Street Address City State Zip Code 2) DONALD FRENCH Name 8162 MISTY SAGE ST LAS VEGAS NV 89139 Street Address City State Zip Code 3) Name Street Address City State Zip Code		
6. Name, Address and Signature of Organizer: (attach additional page if more than 1 organizer)	MEGHAN RECOR-SEE ATTACHED <input checked="" type="checkbox"/> MEGHAN RECORD Name Organizer Signature 23586 CALABASAS ROAD, SUI CALABASAS CA 91302 Address City State Zip Code		
7. Certificate of Acceptance of Appointment of Registered Agent:	I hereby accept appointment as Registered Agent for the above named Entity. <input checked="" type="checkbox"/> NATIONAL REGISTERED AGENTS, INC. OF NV 9/23/2011 Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date		

This form must be accompanied by appropriate fees.

Nevada Secretary of State NRS 86 LLC Articles
Revised: 9-9-10

Articles of Organization

(PURSUANT TO NRS CHAPTER 86)

CONTINUED

*Includes data that is too long to fit in the fields on the NRS 86 Form and
all additional managers and organizers*

ENTITY NAME:	LUXURY MAUI CONDOS LLC
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FOREIGN NAME	Not Applicable
TRANSLATION:	

REGISTERED AGENT NAME:	NATIONAL REGISTERED AGENTS, INC. OF NV
STREET ADDRESS:	Not Applicable
MAILING ADDRESS:	Not Applicable

ADDITIONAL	Organizers
Name: MEGHAN RECORD	
Address: 23586 CALABASAS ROAD, SUITE 102	
City: CALABASAS	
State: CA	
Zip Code: 91302	