

State of California **Secretary of State**

STATEMENT OF INFORMATION (Limited Liability Company)

Filing Fee \$20.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. LIMITED LIABILITY COMPANY NAME (Please do not alter if name is preprinted.)

Edge College & Carrer Network, LLC

DBA The Key

3415 American River drive, Suite D

Sacramento, CA 95864 See Secretary of State's

FILED in the office of the Secretary of State

of the State of California SEP 28 2011

	records for exact entity name.	This Space For Filing Use Only
DUE DATE:		
FILE NUMBER AND STATE OR PLACE OF ORGANIZ	ATION	
2. SECRETARY OF STATE FILE NUMBER	3. STATE OR PLACE OF ORGANIZ	ZATION
2007 - 353/0253	CA	
NO CHANGE STATEMENT		
If there has been no change in any of the information contained in the last Statement of Information filed with the Secretary of State, check the box and proceed to Item 13.		
If there have been any changes to the information contained in the last Statement of Information filed, or no Statement of Information has been previously filed, this form must be completed in its entirety.		
COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)		
4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE 3415 American River Drive, Suite D	CITY AND STATE Sacry MENTO	CA 95864
5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DO	DMESTIC ONLY) CITY	STATE ZIP CODE CA
NAME AND COMPLETE ADDRESS OF THE CHIEF EXECUTIVE OFFICER, IF ANY		
6. NAME Rick Singer 4256 Guil	16 ford Ct. Sucrement	ZIP CODE 958LY
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.)		
7. NAME Rick Singer 4256 Guildford	CITY AND STATE	95864 ZIP CODE
8. NAME ADDRESS	CITY AND STATE	ZIP CODE
9. NAME ADDRESS	CITY AND STATE	ZIP CODE
AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 11 must be completed with a California address. 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 11 must be left blank.)		
10. NAME OF AGENT FOR SERVICE OF PROCESS		
11. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFOR	RNIA, IF AN INDIVIDUAL CITY SACKAMENTO CA	STATE ZIP CODE CA 95864
TYPE OF BUSINESS		
12. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY COLLEGE PREPARATION FOR High School Students		
13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRESPONDED TO THE FORMATION OF PERSON COMPLETING THE FORMATION OF THE FORM	SIGNATURE ACC	countent 9/27/11 TITLE DATE