## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L08000091421

Entity Name: UNIVERSITY OF THE ROCKIES, LLC

ISBISTER, STEVEN SEC'Y

SAN DIEGO, CA 92128

13500 EVENING CREEK DRIVE NORTH SUITE 600

Name:

Address:

City-St-Zip:

FILED Nov 03, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 555 EAST PIKES PEAK AVENUE COLORADO SPRINGS, CO 80903 **Current Mailing Address: New Mailing Address:** 555 EAST PIKES PEAK AVENUE 13500 EVENING CREEK DRIVE NORTH COLORADO SPRINGS, CO 80903 SUITE 600 SAN DIEGO, CA 92128 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: BAHER TANIUS Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete BRIDGEPOINT EDUCATION, INC. Name: Name: 13500 EVENING CREEK DRIVE NORTH SUITE 600 Address: Address: City-St-Zip: SAN DIEGO, CA 92128 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition CLARK, ANDREW CEO Name: Name: Address: 13500 EVENING CREEK DRIVE NORTH SUITE 600 Address: City-St-Zip: SAN DIEGO, CA 92128 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition DEVINE, DANIEL CFO Name: Name: 13500 EVENING CREEK DRIVE NORTH SUITE 600 Address: Address: City-St-Zip: SAN DIEGO, CA 92128 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Name:

Address:

City-St-Zip:

SIGNATURE: STEVE ISBISTER SECY 11/03/2009