

STATE OF DELAWARE
CERTIFICATE OF FORMATION
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is_____.

2. The Registered Office of the limited liability company in the State of Delaware is located at _____(street), in the City of _____, Zip Code_____. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is_____.

By:_____/s/ Craig Clark_____
Authorized Person

Name:_____
Print or Type