

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