Return Name and Address

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Phone/Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of Delaware

Division of Corporations

401 Federal Street, Suite 4

Dover, Delaware 19901

Re: Certificate of Formation

Dear Sir:

Enclosed you will find an original and one copy of Certificate of Formation along with the appropriate filing fee(s).

Please file and provide a filed copy to me, together with any other information you commonly provide to persons who form a Delaware LLC.

Please contact me at the above address if you require anything further.

With kindest regards, I am

Sincerely yours,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Enclosures

Check # \_\_\_\_\_\_\_\_\_\_ Enclosed for $\_\_\_\_\_\_\_