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Division of Corporations

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2. The mailing address of the individual or entity making this statement is: 2200 C. CORCORAN BLVD, WASHINGTON, DC 20004
ESSEXVILLE, MD 21034

3. My telephone number is: 1-800-800-7333

4. My e-mail address is: 1-800-800-7333

5. I have made a copy of this statement and filed it with the appropriate state or local government agency.

I, MICHAEL B. BROWN
Name of
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Address
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(City/State and Zip)

6. I have made a copy of this statement and filed it with the appropriate state or local government agency.

I, MICHAEL B. BROWN
Name of
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If the information contained herein is not true and correct to the best of my knowledge and belief, I understand that I am liable for the consequences thereof. I understand that I am liable for the consequences thereof.

(Signature of the individual or entity making this statement)

7. My name is: MICHAEL B. BROWN

(Printed name of the individual or entity making this statement)

I, the undersigned, do hereby certify that the information contained herein is true and correct to the best of my knowledge and belief, and that I am the owner of the information herein.

(Signature of the individual or entity making this statement)

MICHAEL B. BROWN, LLC, 2200 C. CORCORAN BLVD, WASHINGTON, DC 20004