LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

FILED May 05, 2003 8:00 am Secretary of State

DOCUMENT # M0200001489 1. Entity Name		05-05-2003 91434 04	7 ****50.00	
WELLS FARGO VENTURES, L	LC			
DO NOT WRITE II	N THIS SPACE			
O Reinstell Plant (Day)				
2. Principal Place of Business 3. Mailing Address 1 HOME CAMPUS 1 HOME CAMPUS				
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPAC	E
MAC X2401-049 MAC X2401-049 City & State City & State			4. FEI Number	Applied For
DES MOINES, IA DES MOINES, IA Country	DES MOINES, I.		95-2318940	Not Applicable OO Additional
50328 USA 5	0328 USA		5. Certificate of Status Desired Fee	Required
DO NOT WRITE IN THIS	S SPACE	Name 7	. Name and Address of Current Registered Ag	ent ·
CORPORA		ATION SERVICE COMPANY		
Street Address (PO. B. 1201 HAYS			(P.O. Box Number is Not Acceptable) YS STREET	
		· ·		
		City TALLAHA	SSEE FL 3	2301
The above named entity submits this statement for and accept the obligations of registered agent.	r the purpose of changing its			
SIGNATURE				
Signature, typed or printed name of registered	agent and title if applicable	***		ATE
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Signature, types of printee finance of registeres	FEE Make Check Payable to			AIE
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information indicated on this report is true and accurate and that my 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.

SIGNATURE:

ROBERT SCALLON-AVP

4/25/03

515-213-7559

ROBERT SCALLON - AV
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE