

FILED
Apr. 22, 2004 08:00 AM
Secretary of State

10

CR2E083 (10/03)

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9.	MANAGING MEMBERS/MANAGERS	
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U000000125428
04/22/04-80084-014 50.00

**DO NOT WRITE
IN THIS SPACE**

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Telephone/Fax # _____