

FILED
Apr 21, 2008 08:00 A
Secretary of State



CR2E083 (12/07)

6. Name and Address of Current Registered Agent

**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 _____

000000907936
05/06/08-80009-016 138.75

**DO NOT WRITE
IN THIS SPACE**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____