

State of Delaware

Certificate of Limited Partnership

THE UNDERSIGNED, desiring to form a limited partnership pursuant to the Delaware Revised Uniform Limited Partnership Act, 6 Delaware Code, Chapter 17, do hereby certify as follows:

FIRST: The name of the limited partnership is

_____.

SECOND: The address of its registered office in the State of Delaware is 113 Barksdale Professional Center in the City of Newark, County of New Castle. Zip code, 19711-3258. The name of its Registered Agent at such address is Delaware Intercorp, Inc.

THIRD: The name and mailing address of each general partner is as follows:

NAME: _____

ADDRESS: _____

In Witness Whereof, the undersigned have executed this Certificate of Limited Partnership of _____ this ____ day of _____, 20__.

General Partner,
Print Name, _____

General Partner,
Print Name, _____