

**STATE of DELAWARE  
AMENDED AND RESTATED  
CERTIFICATE of FORMATION**

Of \_\_\_\_\_

This filing has been executed and filed in accordance with  
Section 18-208 of the Limited Liability Company Act. This document is being executed for the  
purpose of amending and restating the original Certificate of Formation, filed on \_\_\_\_\_ under  
file number: \_\_\_\_\_.

**FIRST:** The name of the limited liability company 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 members agree to be bound by the signed Limited Liability Company  
Agreements except as they may be contradicted by the Limited Liability Company Act  
of the State of Delaware.

**FOURTH:** (insert your text here)

In Witness Whereof, the undersigned has executed this Amended and Restated  
Certificate of Formation of \_\_\_\_\_ this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_