Delaware Division of Corporations 401 Federal Street – Suite 4 Dover, DE 19901 Ph: 302-739-3073

Application for Re-Reservation Of Limited Liability Company Name

Dear Sir or Madam:

Enclosed please find an application for Re-Reservation of Limited Liability Company to be filed in accordance with the Limited Liability Act of the State of Delaware.

The fee to file the application is \$75.00 to be accompanied with a completed application. Please make your check payable to the "Delaware Secretary of State". An invoice and copy of your application will be returned for your records.

Thank you for choosing Delaware as your corporate home. Should you require further assistance in this or any other matter, please don't hesitate to call us at (302)739-3073.

Sincerely,

Department of State Division of Corporations

encl. rev. 08/06

STATE OF DELAWARE APPLICATION FOR RE-RESERVATION OF LIMITED LIABILITY COMPANY NAME PURSUANT TO TITLE 6, SECTION 18-103 OF THE DELAWARE CODE

TO THE SECRETARY OF STATE OF THE STATE OF DELAWARE:

OF THE STATE OF DELAWARE:		
1. applic	NAME AND ADDRESS OF APPL cation)	ICANT: (must match name on original
2.		
		By:Signature of Applicant
		Name