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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY						
ARTICLES OF ORGANIZATION						
	rsuant to the provisions of Chapter 7-16 of the General Lav Organization are adopted for the limited liability company to		s amende	d, the following Articles		
1.	The name of the limited liability company is:					
	ISPN Managing Member LLC					
2.	The address of the limited liability company's resident agent in Rhode Island is:					
	9 Central Street	Providence	, RI	02907		
	(Street Address, <u>not</u> P.O. Box)	(City/Town)	<u> </u>	(Zip Code)		
	and the name of the resident agent at such address is	Teny Gross				
	and the Harris of the resident agent at each address is _	(Name of Agent)				
3.	Under the terms of these Articles of Organization and any the limited liability company is intended to be treated for p					
	(Check one	box only)				
	a partnership <u>or</u> a corporation <u>or</u>	disregarded as an e	entity sepa	arate from its member		
4.	The address of the principal office of the limited liability of 9 Central Street, Providence, RI 02907	ompany if it is determined at	the time o	of organization:		
	(If not determined,	so state)		0. 22.		
5.	The limited liability company has the purpose of engagin until dissolved or terminated in accordance with Chapter paragraph 6 of these Articles of Organization.	g in any lawful business, an 7-16, unless a more limited	d shall ha purpose o	ve perpetual existence r duration is set forth in		
			ILE			
		0.03				

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company is formed, and any	not limited to, any limitation of the purposes or duration for which the limited liability other provision which may be included in an operating agreement:
. Management of the Limited L	ability Company:
A. The limited liability compa	ny is to be managed  by its members. (If you have checked this box, go to item
	<u>or</u>
B. The limited liability company has manager address of each manager	pany is to be managed by one (1) or more managers. (If the limited liability is at the time of the filing of these Articles of Organization, state the name and er.)
<u>Manager</u>	Address
. The date these Articles of Or	ganization are to become effective, if later than the date of filing, is:
(not prior	o, nor more than 30 days after, the filing of these Articles of Organization)
	Name and Address of Authorized Person: Rita Schwantes
	145 Tremont Street, Suite 400
	Boston, MA 02111
	Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct.
Pate: 10-14-09	Rita Schwant
•	Signature of Authorized Person



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

