Filing Fee: \$150.00

ID Number: 1690



#### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335

#### LIMITED LIABILITY COMPANY

### APPLICATION FOR REGISTRATION

(To Be Filed In Duplicate)

Pursuant to the provisions of Section 7-16-49 of the General Laws, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1.	The name of the limited liability company is:					
	SDH EDUCATION EAST, LLC					
2.	The name, if different, under which it proposes to register and transact business in Rhode Island is:					
3.	The limited liability company is organized under the laws of					
4.	. The date of its organization is 12-1-00					
5.	. The period of duration of the limited liability company is (if perpetual, so state) Perpetual					
6.	The address of the limited liability company's resident agent in Rhode Island is:					
	170 Westminster Street, Suite 900	Providence	, RI	02903		
	(Street Address, not P.O. Box)	(City/Town)		(Zip Code)		
	and the name of the resident agent at such address is	Corporation Service Company (Name of Agent)				
7.	The secretary of state is appointed the agent of the foreign I there is no resident agent or if the resident agent cannot diligence.					
8.	The address of any office required to be maintained in the s liability company is organized is:	tate or other jurisdiction under	the laws	of which the	limited	
	2711 Centerville Rd., Ste 400					
	Wilminaton DE 19808					
9.	The mailing address for the limited liability company is:				\$25 \$25	
	9801 Washingtonian Blud.				<u>ت ش</u>	
	Gaithersburg, MD 20878	JAN 10 2001	<del> </del>			
	7	10 2001		52	SS 44	
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Rev	vised: 01/99	250	•		. 7	

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10. The limited liability company is to be mana	aged by:
	(Check one box only)
X its members	or by one (1) or more managers
<ol> <li>If the limited liability company has manage each manager:</li> </ol>	ers at the time of filing this application, please list the name and address of
<u>Manager</u>	Address
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<ol> <li>This application is accompanied by a cert authorized officer of the jurisdiction under</li> </ol>	ificate of good standing duly authenticated by the secretary of state or other which the foreign limited liability company was organized.
	Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.
Date: 1-4-601	SDH EDUCATION EAST, LLC Print Exact Name of Limited Liability Company Making Application
	By Sulling
	Signature of authorized person
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## State of Delaware

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# Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SDH EDUCATION EAST, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SDH EDUCATION EAST, LLC" WAS FORMED ON THE FIRST DAY OF DECEMBER, A.D. 2000.

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Edward J. Freel, Secretary of State

AUTHENTICATION: 0883293

001655172 DATE: 12-28-00