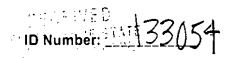
Filing Fee: \$150.00





STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS ha

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:						
	CPP US Operations Group, LLC						
2.	The name, if different, under which it proposes to register an	d transact business in Rh	ode Islan	nd is:			
3.	The limited liability company is organized under the laws of	Delaware					
4.	The date of its organization is 06/16/2003	······································					
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:						
	10 Weybosset Street	Providence	, RI	02903			
	(Street Address, not P.O. Box)	(City/Town)		(Zip Code)			
	and the name of the resident agent at such address is <u>C T</u>	CORPORATION SYSTEM (Name of	Agent)				
7.	The secretary of state is appointed the agent of the foreign li there is no resident agent or if the resident agent cannot diligence.						
8.	The address of any office required to be maintained in the stability company is organized is:	ate or other jurisdiction ur	ider the l	laws of which the limite			
	1209 Orange Street, Wilmingon, DE 19801						
9.	The mailing address for the limited liability company is:						
	10900 Wayzata Blvd., Minnetonka, MN 55305						
				FILED			

Form No. 450 Revised: 01/99 JUL 02 2003
By DY K

10. The limited liability company is to be m	anaged by:			
	(Chec	k one box only)		
its member	s <u>or</u>	by one (1) or more managers		
11. If the limited liability company has mar each manager:	agers at the	time of filing this application, please list the name and address of		
Manager SEE ATTACHMENT		<u>Address</u>		
	<u> </u>			
12. This application is accompanied by a cauthorized officer of the jurisdiction uncontrol	ertificate of g	ood standing duly authenticated by the secretary of state or other oreign limited liability company was organized.		
	Applicati	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: 0/26/63		CPP US Operations Group, LLC		
	Ву	Print Exact Name of Limited Liability Company Making Application		
,	,	Signature of authorized person		

MANAGERS OF CPP US OPERATIONS, LLC CONTACT INFORMATION

Name	HOME ADDRESS	Business Address	Resident Status	SS#
William Robert Anderson	860 Navajo Road West Medina, MN 55340	10900 Wayzata Blvd. Minnesota, MN 55305	USA	199-50-8741
Jean Pampreen Vernor	4700 Creckwood Trl Maple Plain, MN 55359	10900 Wayzata Blvd. Minnesota, MN 55305	USA	363-80-1166
Andrew C. Fisher	Bargates House Church Lanc United Kingdom R6425NS Binfield	10900 Wayzata Blvd. Minnesota, MN 55305	United Kingdom	N/A

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CPP US OPERATIONS GROUP, 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-FOURTH DAY OF JUNE, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED

JUL 0 2 2003

Ву_____

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2492061

DATE: 06-24-03

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