

Matthew A. Brown, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

| riung Perioa: Sep | | | Filing Fee. | | | | | |
|--|---------|--|---------------------------------|--|---------------------------------------|-------|---------------------|--|
| 91662 | | name of the limited liab SHELBURNE CO | | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | • | | |
| 3. State of Formation RHODE ISLAND | | 1. Brief description of REAL ESTATE. | he character of the business wi | olch is actually conducted in Rhode Isla | nd | | | |
| | | <u> </u> | - | T | Т. | | 1 | |
| 5. Principal office address 117 MESHANTICUT VALLEY PARKWAY | | | | CRANSTON | State R I | | <i>Σφ</i> 02920 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | | | | |
| Contact Name | | | | Contact Title | | | | |
| CAROL E NAJARI | IAN | | | <u>:</u> | | | | |
| Sirvet Address | | | | City | State | | Zíp | |
| 117 MESHANTICU | T VAL | LEY PKWY | | CRANSTON | RI | | 02920- | |
| | | FILL IN SPACE | S BEFORE USING ATTA | ILITY COMPANY, IF APPLICA CHMENTS ("X" BOX FOR A LING OF AMENDMENT, R.I.G. | TTACHMENT |) [] | | |
| Manager Name | | | | Manager Name | | | | |
| LINDA M. KOENI | G | | | CAROL E. NAJARIAN | CAROL E. NAJARIAN | | | |
| Street Address | | | | Street Address | | | | |
| 15 HESPER DRIV | Æ | | | 117 MESHANTICUT VALLEY PARKWAY | | | | |
| City WARWICK | | State R I | <i>Ζι</i> ρ 02818 | City CRANSTON | State RI | | <i>Zip</i> 02920 | |
| Manager Name JOHN K. NAJAR | IAN, | JR. | | Manager Name KENNETH E. NAJARIAN | | | | |
| Sirret Address 154 SAUGA AVE | NUE | | | Sirect Address 157 HILLS PINT ROAD | | | | |
| City NORTH KINGSTO | WN | State R I | <i>Zip</i> 02852 | City CHARLOTTE | State VT | • | 71p 05445 | |
| 8. RESIDENT AGENT | T IN RH | ODE ISLAND - DO | NOT ALTER - Change | require filing of Form 642 | - R.I.G.L. 7-1 | 16-11 | ' | |
| CAROL E. NAJARIAN | | | | 117 MESHANTICUT VALLEY PARKWAY | | | | |
| Address | | | | City | Zιρ | | | |
| | | | | CRANSTON 02920 | | | | |
| | | | | - | • | • | | |

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

91662

| 191662 File Date | DLLC 12/23/05 10:24:04 AM* |
|---------------------|---------------------------------|
| - Check No. | 4006 |
| Ву: | <i>D</i> |
| | FOR SECRETARY OF STATE USE ONLY |

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Signature of Authorized Person Thanage Date

CAROL E. NAVARIAN

Print or Type Name of Authorized Person



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) I. ID No. 2. Exact name of the limited liabilty company 91662 THE SHELBURNE COMPANY, L.L.C. 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island **RHODE ISLAND** 5. Principal office address State Cirv Zip 117 MESHANTICUT VALLEY PARKWAY CRANSTON RΙ 02920 6: MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title CAROL E NAJARIAN Street Address State City Zip 117 MESHANTICUT VALLEY PKWY . CRANSTON RI 02920-7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE ("X" BOX FOR ATTACUMENT) FILL IN SPACES BEFORE USING ATTACHMENTS ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name LINDA M. KOENIG CAROL E NAJARIAN Street Address Street Address 15 HESPER DRIVE .117 MESHANTICUT VALLEY PKWY City State State Zip Zip City WARWICK RI 02920 RI 02920 CRANSTON Manager Name Manager Name JOHN K. NAJARIAN, KENNETH E. NAJARIAN JR. Street Address Street Address 154 SAUGA AVENUE 157 HILLS POINT ROAD State City State Zip City Zip VТ 05445 NORTH KINGSTOWN RI 02852 CHARLOTTE 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11-Agent Name Address 117 MESHANTICUT VALLEY PARKWAY CAROL E. NAJARIAN Address City Zip

CRANSTON

This report must be signed in ink by an authorized person pursuant to 7-16-66.



117 MESHANTICUT VALLEY PKWY

:

| | | _ |
|-------------|---------------------------|---|
| *91662 D | LLC,12/29/04 10:28:23 AM* | |
| i | Julian | |
| File Date | 114102 | |
| | | |
| | 1 ~ 1 | |
| Check No. | 120 | |
| | | |
| _ | 1/\ | |
| В <u>у:</u> | <u> </u> | |
| EOD CECDE | ETARY OF STATE USE ONLY | |
| LOK SECK | START OF STATE OSE ONLT | |
| | | |

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

By Carol E. Naguar 12/30/04 Siglisture of Authorized Person Date

02920

CANOL E. NA JAMAN
Print or Type Name of Authorized Person

Form 632 Rev. 6/02



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

| and remous septem | iver i - November i | rung ree: 350. | UU | | | |
|----------------------------|-------------------------|---------------------------------------|--------------------------------------|---------------------------|---|-----|
| FORM MUST BE TYPE | D OR PRINTED IN BL | ACK) | | | | |
| I. ID No. | 2. Exact name of the li | | | <u> </u> | | |
| 9/662 | | E COMPANY, L.L.C. | | | | |
| 3. State of Formation | 4. Brief descri | ption of the character of the b | ousiness which is actually conducted | in Rhode Island | | |
| RHODE ISLAND | REAL EST | ATE | | | | |
| 5. Principal office addre. | | | City | State | Zip | |
| 117 MESHANTICU | T VALLEY PARK | WAY | CRANSTON | RI | 02920 | |
| 6. MAILING ADDR | ESS OF LIMITED | LIABILITY COMPAN | YAND NAME OR TITLE | OF CONTACT PER | SON: | |
| Contact Name | • | | Contact Title | | <u></u> | |
| CAROL E. NAJAR | RIAN | | .MEMBER | | | |
| Street Address | | • | City | State | Zip | |
| 117 MESHANTICU | T VALLEY PARK | YAW | . CRANSTON | RI | 02920 | |
| 7. NAME AND ADD | RESS OF EACH M | ANAGER OF THE L | IMITED LIABILITY COM | PANY, IF APPLICA | BLE | |
| | | SPACES BEFORE USING | | FOR ATTACHMENT) | | |
| | ANY MODIFICATION | S TO MANAGERS REQUIR | RES FILING OF AMENDMENT. | R.I.G.L 7-16-12 (a) (2) / | 7-16-52 | |
| Manager Name | | . | •Manager Name | | | |
| LINDA M. KOENI | G . | | CAROL E. NAJARIAN | | | |
| Street Address | | | Street Address | - | | |
| 15 HESPER DRIV | <u>'E</u> | | 117 MESHANTICU | T VALLEY PARKW | AY | |
| City | State | Zip | *City | State | Zip | |
| WARWICK | RI | 02818 | CRANSTON | RI | 02920 | |
| Manager Name | | | *Manager Name | • • • • • • • • • • • • | • | • • |
| JOHN K. NAJAR: | IAN, JR. | | KENNETH E. NAJ. | ARIAN | | |
| Street Address | | <u></u> | •Street Address | | | |
| 154 SAUGA AVE | | | 157 HILLS POIN | T ROAD | | |
| City | State | Zip | ,City | State | Zip | |
| NORTH KINGSTOW | | 02852 | CHARLOTTE | VI | 05445 | |
| | T IN RHODE ISLA | D DO NOT ALTER- Ch | inges require filing of F | orm 642 - R.I.G.L. 7- | 16-11 | |
| Igent Name | | | Address . | | | |
| CAROL E. NAJAR | IIAN | | 117 MESHANTICUT VALLEY PARKWAY | | | |
| Address | | · · · · · · · · · · · · · · · · · · · | City | | ip | |

CRANSTON

This report must be signed in ink by an authorized person pursuant to 7-16-66.

| | PATE T |
|-----------|----------------------|
| File Date | 000 |
| Check Nu | 007 0 3 2003 |
| Bv: | 2 |
| | RY OF STATE USE ONCE |

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Earal & Majarino Signature of Authorized Pyrson

02920

CAROL E. NAJARIAN Print or Type Name of Authorized Person

Form 632 Rev. 6/02



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

| FORM MUST BE TYPE | D OR PR | INTED IN BLA | ICK) | | | | | |
|---------------------------|---|------------------|--------------------------------|--------------------------------------|-------------------|---------------|--------|--|
| 1. ID No. | The same verification of the homes having company | | | | | | | |
| *91662* | THES | | COMPANY, L.L.C. | · | | | | |
| 3. State of Formation | | 4. Brief descrip | tion of the character of the b | pusiness which is actually conducted | in Rhode Island | | | |
| RHODE ISLAND | | REAL ESTA | ie. | | | | | |
| 5. Principal office addre | | | | City | State | | Zip | |
| 117 MESHANTIC | UT VAI | LEY PARKI | √ AY | CRANSTON | RI | | 02920 | |
| 6. MAILING ADDI | RESS Q | FLIMITED | LIABILITY COMPAN | YAND NAME OR TITLE | OF CONTACT | PERSON: | | |
| Contact Name | | - | · | Contact Title | | | | |
| CAROL E NAJAR | IAN | | | • | | | | |
| Street Address | | | | City | State | - | Zip | |
| 117 MESHANTICU | T VAL | LEY PKWY | | . CRANSTON | RI | | 02920- | |
| 7. NAME AND ADI | DRESS | OP EACH M | ANAGER OF THE L | IMITED LIABILITY COM | PANY, IF APP | LICABLE | | |
| | | | PACES BEFORE USING | | OR ATTACHMEN | | | |
| | ANY MO | DIFICATIONS | TO MANAGERS REQUI | RES FILING OF AMENDMENT. R | .I.G.L 7-16-12 (a | (2) / 7-16-52 | | |
| Manager Name | | • | | •Manager Name | | | | |
| Linda M. Koen: | ig | | | Carol E. Najari | Carol E. Najarian | | | |
| Street Address | - | - | | Street Address | | | | |
| 15 Hesper Driv | ve | | | 117 Meshanticut Valley Parkway | | | | |
| City | | State | Zip | *City | State | | Zip | |
| Warwick | | RI | 02818 | Cranston | RI | | 02920 | |
| Manager Name | | | • • • • • • • • • • • • | *Manager Name | • • • • • • • | • • • • • • • | | |
| John K. Najar | ian, | Jr. | • | .Kenneth E. Naja | rian | | | |
| Street Address | | | - | ·Street Address | | | | |
| 154 Sauga Ave | nue | | | 157 Hills Point | Road | | | |
| City | | State | Zip | .City | State | | Zip | |
| North Kingsto | | RI | 02852 | Charlotte | VT | | 05445 | |
| 8. RESIDENT AGEN | T' IN RI | HODE ISLAN | D -DO NOT ALTER- Cha | anges require filing of Fo | orm 642 - R.I. | GL. 7-16-11 | | |
| Agent Name | | | | Address | | | | |
| CAROL E. NAJAF | RIAN | | | 117 MESHANTICUT | VALLEY PA | RKWAY | | |
| Address | | | | City | | Zip | | |
| | | | | CRANSTON | CRANSTON 02920 | | | |
| | | | | | | - | | |
| | | | | | | | | |
| | | | | | | | | |

This report must be signed in ink by an authorized person pursuant to 7-16-66.



| *91662-BLLC12/6/023:47:20 PM* | |
|---------------------------------|---|
| Check Nu. / 4/ | _ |
| By: | _ |
| FOR SECRETARY OF STATE USE ONLY | _ |

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Form 632 Rev. 6/02



Revised: 01/99

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

| | FIIAI | HED LIADILITY COMPANY | | | | | |
|-----|--|--|--|--|--|--|--|
| ID | Number DLLC91662 | Annual Report for the year 2001 | | | | | |
| 1. | The name of the limited liability company | is: | | | | | |
| | THE SHELBU | JRNE COMPANY, L.L.C. | | | | | |
| 2. | The address of the principal office of the limited liability company is: | | | | | | |
| | 117 Meshanticut Valley | Parkway, Cranston, Rhode Island 02920 | | | | | |
| 3. | The state or other jurisdiction under the la | ws of which it is formed is: Rhode Island | | | | | |
| 4. | . The name and address of its resident agent is:Carol E. Najarian | | | | | | |
| | | Parkway, Cranston, Rhode Island 02920 | | | | | |
| 5. | • | mited liability company and the name or title of a person to whom | | | | | |
| | | | | | | | |
| | Carol E. Najaria | | | | | | |
| | | | | | | | |
| 6. | A brief statement of the character of the | business in which the limited liability company is actually engaged in this | | | | | |
| | state: real estate | | | | | | |
| 7. | If the limited liability company has manage | ers, list the name and address of each manager: | | | | | |
| | Name | Address | | | | | |
| | Linda M. Koenig | 15 Hesper Drive, Warwick, RI 02818 | | | | | |
| | Carol E. Najarian | 117 Meshanticut Valley Parkway, Cranston, RI | | | | | |
| | John K. Najarian, Jr. | 154 Sauga Avenue, No. Kingstown, RI 02852 | | | | | |
| | Kenneth E. Najarian | 157 Hills Point Road, Charlotte, VT 05445 | | | | | |
| | α | Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. | | | | | |
| Da | re: <u>November 5, 200</u> / | THE SHELBURNE COMPANY, L.L.C. Exact Name of Limited Liability Company | | | | | |
| | 11-7-01 Ck# 134 | By Caral E. hazarian | | | | | |
| For | m No. 632 |) Title | | | | | |

To be filed annually between September 1 and November 1

Form No. 632

Revised 01/99



Check No.: [3 / 23]

By:

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

| ID | Number DLLC 91662 | Annual Report for the year 2000 | | | | | |
|------|---|---|--|--|--|--|--|
| 1. | . The name of the limited liability company is: | | | | | | |
| | THE SHELBURNE COMPANY, L.L.C. | | | | | | |
| 2. | The address of the principal office of the lim | ited liability company is: | | | | | |
| | 117 Meshanticut Valley Pa | rkway, Cranston, Rhode Island 02920 | | | | | |
| 3. | The state or other jurisdiction under the laws | s of which it is formed is RHODE ISLAND | | | | | |
| 4. | The name and address of its resident agent | | | | | | |
| ₹. | • | | | | | | |
| | 117 MESHANTICUT VALLEY PARKWAY | CRANSTON RI 02920 | | | | | |
| 5. | The current mailing address of the limited lie | ability company and the name or title of a person to whom communications | | | | | |
| | may be directed are: 117 Meshantic | cut Valley Parkway, Cranston, Rhode Island 02920 | | | | | |
| | Carol E. Najarian | | | | | | |
| 6. | - | usiness in which the limited liability company is actually engaged in this | | | | | |
| | state: real estate | | | | | | |
| 7. | If the limited liability company has managers | s, the name and address of each manager of the limited liability company Address | | | | | |
| | Linda M. Koenig | 15 Hesper Drive, Warwick, RI 02818 | | | | | |
| | Carol E. Najarian | 117 Meshanticut Valley Parkway, Cranston, RI | | | | | |
| | John K. Najarian, Jr. | 154 Sauga Avenue, No. Kingstown, RI 02852 | | | | | |
| | Kenneth E. Najarian | 157 Hills Point Road, Charlotte, VT 05445 | | | | | |
| Da | Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and | | | | | | |
| | | that all statements contained herein are true and correct. | | | | | |
| | 9 1 6 6 2 | THE SHELBURNE COMPANY, L.L.C. Exact Name of Limited Liability Company | | | | | |
| File | FOR SECRETARY OF STATE USE ONLY Date: | By Carol E. Trajarian | | | | | |

Manager

To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

| | LIMITED LIABILITY COMPANY | | | | | | |
|----------|--|--|--|--|--|--|--|
| ID | Number <u>LL 91662</u> | Annual Report for the year 1999 | | | | | |
| 1. | The name of the limited liability company | is: | | | | | |
| 2. | THE SHELBURNE COMPANY, L.L.C. The address of the principal office of the I 117 MESHANTICUT | imited liability company is: VALLEY PARKWAY, CRAWSTON, | RI 02920 | | | | |
| 3. 4. | | ws of which it is formed is RHODE ISLAND | | | | | |
| 5. | · | Y CRANSTON, RI 02920 Iliability company and the name or title of a person to whom HUTICUT VALLEY PANICWAY, CRA | | | | | |
| 6. | CAROL E. N. | e business in which the limited liability company is actually | | | | | |
| 7. | Name LINDA M. KOENIG CAROL E. NAJARIAN JOHN K. NAJARIAN J | Address of each manager of the limited I Address 15 HESPER DR., WARWICK, RI 117 MESHANTICUT VALUEY PARKWA R. 154 SAUGH AVE., NORTH KINGSTON N 157 HILLS POINT RD, CHARLOTTE | 02818 Y, CRANSTON, RI WN LI 02855. | | | | |
| Da | ted <u>October 24, 1999</u> * 9 1 6 6 2 * | Under penalty of perjury, I declare and affirm that I has report, including any accompanying schedules and that all statements contained herein are true and correct TITE SHELBURNE COMPANY Exact Name of Limited Liability Company | eve examined this statements, and t. | | | | |
| | FOR SECRETARY OF STATE USE ONLY Date: OCT 2 6 1999 | By Caral E. Trajarian Title | Form No. 632 Revised 01/99 | | | | |

To be filed annually between September 1 and November 1



Form No. LLC-19 Revised 8/97

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

| | LINI | IED FIABILITY COMPANY |
|------------|---|--|
| ID | Number <u>009/662</u> | Annual Report for the year |
| 1. | THE SHELBURNE | COMPANY, L.L.C. |
| 2. | The address of the principal office of the lin | nited liability company is: Valley Parkway Cranston, RT 0292(|
| 3. | The state or other jurisdiction under the law | s of which it is formed is: Rhode Island |
| 4. | | alley Parkway, Cranston, RT02920 |
| 5. | | Meshantout Valley Parkway Cranta RT 02920 |
| 6. | A brief statement of the character of the b | business in which the limited liability company is actually engaged in this |
| 7. | If the limited liability company has mana company | gers, the name and address of each manager of the limited liability |
| Dat | Carol E. Nalasiano | Address 15 Hosper Dr. Warwick, RT 02818 0292 117 Meshonticut Valley Parkway (ranston) 154 Sauja Ave North Kingstown RT 02852 1 One Chatuguay Road, Shelburne, VT 0548, Under penalty of perjury, I declare and affirm that I have examined this |
| Dat | FILED | report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. THE SHELBURINE COMPANY LILL. Exact Name of Limited Liability Company |
| | OCT 2 9 1998 By CC 1597 | Stand & Marin |
| | | Manager Tille |

To be filed annually between September 1 and November 1



¹STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

| | | | LIMI | ED LIABILITY COMPANY | | |
|-----|---|-----------------------|----------------------|---|-------------------------|---------------------|
| ID | Number | 0091662 | | Annual I | Report for the year | 1997 |
| 1. | The name | e of the limited lia | bility company is | | | • |
| | THE S | SHELBURNE CO | OMPANY, L.L | .0. | | |
| 2. | The addr | ess of the principa | al office of the lin | ited liability company is: | | |
| | 117 | Meshanticu | t_Valley_P | rkway, Cranston, Rhod | ie Island 0292 | 20 |
| 3. | The state | e or other jurisdicti | on under the law | s of which it is formed is: Rhoc | le Island | |
| 4. | . The name and address of its resident agent is: <u>Carol E. Najarian</u> | | | | | |
| | 117 | Meshanticu | t Valley P | irkway, Cranston, Rhod | le Island 0292 | 20 |
| 5. | The cum | rent mailing add | ress of the lim | ted liability company and the | name or title of a j | person to whom |
| | communi | ications may be di | rected are: 11 | ' Meshanticut Valley F | arkway. Cransi | on RI 02920 |
| | Ca | rol E. Naja | rian _ | · · · · · · · · · · · · · · · · · · · | | |
| 6. | A brief st | tatement of the c | haracter of the b | usiness in which the limited liabili | ity company is actually | y engaged in this |
| | state: | real est | ate | | | |
| 7. | If the lim | nited liability com | pany has mana | gers, the name and address of | each manager of th | e limited liability |
| | company | Name | | | Address | |
| | Linda | M. Koenig | | 15 Hesper Drive, War | cwick, RI 028 | 18 |
| | | | | 117 Meshanticut Vall | | <u> </u> |
| | <u>John</u> | K. Najarian | .Jr. | 154 Sauga Ave. Nort | h Kingstown, J | RI 02852 |
| | Kenne | th E. Najar | ian | One Chatuguay Road, | Shelburne, VT | 05482 |
| Da | ted <u>Oct</u> | ober 31 | 19 <u>97</u> | Under penalty of perjury, I declareport, including any accomparthat all statements contained here | nying schedules and | statements, and |
| | | PAID | | THE SHELBU | RNE COMP | anv. L.L.C |
| | ĺ | NOV 0 5 1997 | | THE SHELBU | ited Liability Company | 370 / / |
| | SE | C'Y OF STATE | | By Caral E. ha | jarian | |
| | | | | By Caral E. ha Managers | | |
| For | m No. LLC-19 | 9 | | Titl | 9 | |

Revised 8/97