## STATEMENT IN LIEU OF OPERATING AGREEMENT

l,	, certify that	is a
single member limited liability com managers. I further state that there	-	
The Employer Identification Numbe	r for the limited liability compan	y is
Member,		
STATE OF IOWA, COUNTY OF	, SS:	
STATE OF IOWA, COUNTY OF On this day of		
foregoing instrument and acknowle		