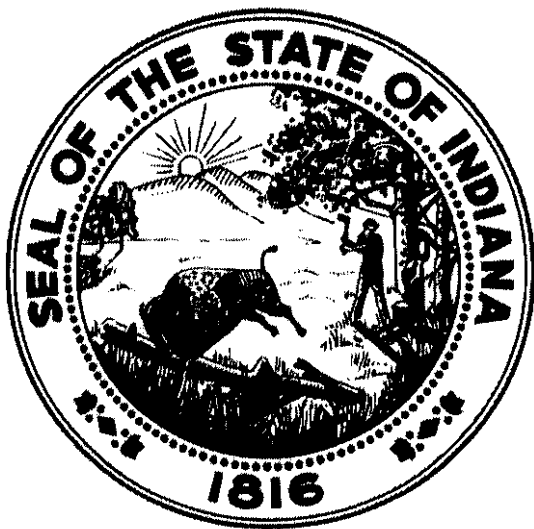


**State of Indiana**  
**Office of the Secretary of State**

**CERTIFICATE OF ORGANIZATION**  
**of**  
**HOOSIER SENECA, LLC**

I, TODD ROKITA, Secretary of State of Indiana, hereby certify that Articles of Organization of the above Domestic Limited Liability Company (LLC) have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Flexibility Act.

NOW, THEREFORE, with this document I certify that said transaction will become effective Wednesday, November 12, 2003.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, November 12, 2003.

A handwritten signature in black ink that reads "Todd Rokita".

TODD ROKITA,  
SECRETARY OF STATE

200311200409



**ARTICLES OF ORGANIZATION**  
State Form 49459 (11-21-03)  
Approved by State Board of Accounts 1999

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TODD ROKITA  
SECRETARY OF STATE  
CORPORATIONS DIVISION  
302 W. Washington St., Rm. E 018  
Indianapolis, IN 46204  
Telephone: (317) 232-6576

INSTRUCTIONS: Use 8-1/2" x 11" white paper for attachments.  
Present original and one (1) copy to the address in upper right corner of this form.  
Please TYPE or PRINT.  
Please visit our office on the web at [www.sos.in.gov](http://www.sos.in.gov).

Indiana Code 23-18-2-4  
FILING FEE: \$90.00

IND. SECRETARY OF STATE

**ARTICLES OF ORGANIZATION**

The undersigned, desiring to form a Limited Liability Company (*hereinafter referred to as "LLC"*) pursuant to the provisions of:  
Indiana Business Flexibility Act, Indiana Code 23-18-1-1, et seq. as amended, executes the following Articles of Organization:

**ARTICLE I - NAME AND PRINCIPAL OFFICE**

Name of LLC (*the name must include the words "Limited Liability Company", "L.L.C.", or "LLC"*)  
Hoosier Seneca, LLC

Principal Office: The address of the principal office of the LLC is: (*optional*)

Post office address	City	State	ZIP code
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**ARTICLE II - REGISTERED OFFICE AND AGENT**

Registered Agent: The name and street address of the LLC's Registered Agent and Registered Office for service of process are:

Name of Registered Agent  
Todd Rokita

Address of Registered Office ( <i>street or building</i> ) 421 1/2 Massachusetts Ave, Unit B	City Indianapolis	State Indiana	ZIP code 46204
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**ARTICLE III - DISSOLUTION**

The latest date upon which the LLC is to dissolve: \_\_\_\_\_

The Limited Liability Company is perpetual until dissolution.

**ARTICLE IV - MANAGEMENT**

The Limited Liability Company will be managed by its members.

The Limited Liability Company will be managed by a manager or managers.

In Witness Whereof, the undersigned executes these Articles of Organization and verifies, subject to penalties of perjury, that the statements contained herein are true,

this 11 day of November, 03.

Signature <i>Theodore Rokita</i>	Printed name Theodore Rokita
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This instrument was prepared by: (*name*)  
*Theodore Rokita*

Address ( <i>number, street, city and state</i> ) <i>421 1/2 MASS AVE UNIT B, Indpls. IN</i>	ZIP code <i>46204</i>
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