

STATE OF NEVADA



ROSS MILLER
Secretary of State

SCOTT W. ANDERSON
Deputy Secretary
for Commercial Recordings

OFFICE OF THE
SECRETARY OF STATE

Certified Copy

February 26, 2008

Job Number: C20080215-1220
Reference Number: 00001734392-99
Expedite:
Through Date:

The undersigned filing officer hereby certifies that the attached copies are true and exact copies of all requested statements and related subsequent documentation filed with the Secretary of State's Office, Commercial Recordings Division listed on the attached report.

Document Number(s)	Description	Number of Pages
LLC2849-2001-001	Articles of Organization	1 Pages/1 Copies
LLC2849-2001-005	Annual List	1 Pages/1 Copies
LLC2849-2001-002	Annual List	2 Pages/1 Copies
20050347581-85	Annual List	1 Pages/1 Copies
20060138552-22	Annual List	1 Pages/1 Copies



Respectfully,

ROSS MILLER
Secretary of State

By

Certification Clerk

Commercial Recording Division
202 N. Carson Street
Carson City, Nevada 89701-4069
Telephone (775) 684-5708
Fax (775) 684-7138

FILED # LLC 2849-01



DEAN HELLER
Secretary of State

101 North Carson Street, Suite 3
Carson City, Nevada 89701-4786
(775) 684 5708

**Limited-Liability
Company**
Articles of Organization
(PURSUANT TO NRS 93)

Date of Use Only:

MAR 21 2001

IN THE OFFICE OF
DEAN HELLER SECRETARY OF STATE

Important: Read attached instructions before completing form.

1. Name of Limited-Liability Company:	JAA Enterprise L.L.C.
2. Resident Agent Name and Street Address: <small>(Must be a Nevada resident and a natural person)</small>	National Registered Agents, Inc. of NV Name 1100 East William Street, Suite 207 Carson City NEVADA 89701 Street Address City State Zip Code
3. Dissolution Date: <small>(OPTIONAL - See instructions)</small>	Latest date upon which the company is to dissolve (if existence is not perpetual):
4. Management: <small>(Check one)</small>	Company shall be managed by <input checked="" type="checkbox"/> Manager(s) OR <input type="checkbox"/> Members
5. Names, Addresses, of Manager(s) or Members: <small>(List all names, addresses, cities, states and zip codes)</small>	Joseph A. Aramanda Name 2407 Saranac Glenview IL 60025 Street Address City State Zip Code Name Street Address City State Zip Code Name Street Address City State Zip Code
6. Other Matters: <small>(See instructions)</small>	Number of additional pages attached:
7. Names, Addresses and Signatures of Organizer(s): <small>(Attach a separate page if there are more than 2 organizers)</small>	Jeffery S. Taylor, Esq. Levin, Goodman & Cohen Name Signature 500 Skokie Blvd., #650 Northbrook IL 60062 Address City State Zip Code Name Signature Address City State Zip Code
8. Certificate of Acceptance of Appointment of Resident Agent:	I, National Registered Agents, Inc. of NV hereby accept appointment as Resident Agent for the above named limited-liability company. Signature of Resident Agent: <i>David C. Taylor</i> Date: 3/21/01

on behalf of National Registered Agents Inc. of Nevada

This form must be accompanied by appropriate fees. See attached fee schedule.

State Secretary of State, Nevada
NRS 93.010

ANNUAL LIST OF MANAGERS OR MEMBERS OF:

JAA ENTERPRISES L.L.C.

FILE NUMBER

2849-2001

FOR THE PERIOD MAR 2002 TO 2003. DUE BY MAR 31, 2002.
The Limited-Liability Company's duly appointed resident agent in the State of Nevada upon whom process can be served is:

RA# 61182

FOR OFFICE USE ONLY

FILED (DATE)

FILED # _____

MAR 12 2002

IN THE OFFICE OF
Debra Heller
DEBRA HELLER, SECRETARY OF STATE

IF THE ABOVE INFORMATION IS INCORRECT, PLEASE CHECK THIS BOX AND A CHANGE OF RESIDENT AGENT/ADDRESS FORM WILL BE SENT.

PLEASE READ INSTRUCTIONS BEFORE COMPLETING AND RETURNING THIS FORM.

1. Include the names and addresses, either residence or business, for all managers, or if none, its members. Last year's information has been preprinted. If you need to make changes, cross out the incorrect information and insert the new information above it. A manager, or if none, a member of the company must sign the form. FORM WILL BE RETURNED IF UNSIGNED.
2. If there are additional managers or members, attach a list of them to this form.
3. Return the completed form with the \$85.00 filing fee. A \$50 penalty must be added for failure to file this form by the deadline indicated at the top of this form. An annual list received more than 60 days before its due date shall be deemed an amended list for the previous year.
4. Make your check payable to the Secretary of State. If you need a receipt, enclose a self-addressed stamped envelope. To receive a certified copy, enclose a copy of this completed form, an additional \$20.00 and appropriate instructions.
5. Return the completed form to: Secretary of State, 202 N. Carson St., Carson City, NV 89701-4201. (775) 684-5708.

FILING FEE: \$85.00 PENALTY: \$50.00

NAME	TITLE(S)	(Document will be rejected if Title not indicated)		
JOSEPH A ARAMANDA		<input checked="" type="checkbox"/> MANAGER	<input type="checkbox"/> MEMBER	
P. O. BOX	STREET ADDRESS	CITY	ST.	ZIP
	2407 SARANAC	GLENVIEW	IL	60025
NAME	TITLE(S)	(Document will be rejected if Title not indicated)		
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MEMBER	
P. O. BOX	STREET ADDRESS	CITY	ST.	ZIP
NAME	TITLE(S)	(Document will be rejected if Title not indicated)		
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MEMBER	
P. O. BOX	STREET ADDRESS	CITY	ST.	ZIP
NAME	TITLE(S)	(Document will be rejected if Title not indicated)		
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MEMBER	
P. O. BOX	STREET ADDRESS	CITY	ST.	ZIP
NAME	TITLE(S)	(Document will be rejected if Title not indicated)		
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MEMBER	
P. O. BOX	STREET ADDRESS	CITY	ST.	ZIP

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of chapter 364A of NRS.

X Signature of Manager or Member

3/2/02

Date

ANNUAL LIST OF MANAGER OR MEMBERS AND RESIDENT AGENT OF

FILE NUMBER

JAA Enterprises L.L.C.

2849-2001

(Name of Limited-Liability Company)

FOR THE FILING PERIOD OF March 2004 to March 2005

REV. 4-1-04
 FILED #
 03-04 - 200
 04-05 - 200 MAY 25 2004
 RETN - 300
 EXP - 125 IN THE OFFICE OF
 DEAN HELLER, SECRETARY OF STATE
 825

The corporation's duly appointed resident agent in the State of Nevada upon whom process can be served is:

National Registered Agents, Inc. of NV
 1000 East William Street, Suite 204
 Carson City, NV 89701

CHECK BOX IF YOU REQUIRE A FORM TO UPDATE YOUR RESIDENT AGENT INFORMATION

Important: Read instructions before completing and returning this form.

THE ABOVE SPACE IS FOR OFFICE USE ONLY

- Print or type names and addresses, either residence or business, for all managers, or if none, its members. A Manager, or if none, a Managing Member of the company must sign the form. FORM WILL BE RETURNED IF UNSIGNED
- If there are additional managers or members, attach a list of them to this form.
- Return the completed form with the \$125.00 filing fee. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
- Make your check payable to the Secretary of State. Your cancelled check will constitute a certificate to transact business. To receive a certified copy, enclose an additional \$30.00 and appropriate instructions.
- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, NV 897014201, (775) 694-5703.
- Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties.

FILING FEE \$125.00 LATE PENALTY: \$75.00

NAME (DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)			
Joseph A. Aramanda	<input checked="" type="checkbox"/> MANAGER	<input type="checkbox"/> MEMBER	
ADDRESS	CITY	ST	ZIP
2407 Saranac	Glenview	IL	60025
NAME (DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)			
	<input type="checkbox"/> MANAGER	<input type="checkbox"/> MEMBER	
ADDRESS	CITY	ST	ZIP
NAME (DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)			
	<input type="checkbox"/> MANAGER	<input type="checkbox"/> MEMBER	
ADDRESS	CITY	ST	ZIP
NAME (DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)			
	<input type="checkbox"/> MANAGER	<input type="checkbox"/> MEMBER	
ADDRESS	CITY	ST	ZIP
NAME (DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)			
	<input type="checkbox"/> MANAGER	<input type="checkbox"/> MEMBER	
ADDRESS	CITY	ST	ZIP

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS 360.780 and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X Signature of Manager or Managing Member

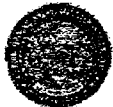
Title: Manager

Date: 5/24/04



Nevada Secretary of State Form ANNUAL LIST-LLC 2003 Revised on 03/24/03

Reset



DEAN HELLER
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684 5708
 Website: secretaryofstate.biz

FILED # _____

MAY 25 2004

IN THE OFFICE OF
Dean Heller
 DEAN HELLER, SECRETARY OF STATE

Resident Agent Acceptance

General instructions for this form:

1. Please print legibly or type; Black Ink Only.
2. Complete all fields.
3. Ensure that document is signed in signature field.

ABOVE SPACE IS FOR OFFICE USE ONLY

In the matter of JAA ENTERPRISES L.L.C.
(Name of business entity)

I, NATIONAL REGISTERED AGENTS, INC. OF NV
(Name of resident agent)

hereby state that on MARCH 21, 2001 I accepted the appointment as resident agent
(Date)

for the above named business entity. The street address of the resident agent in this state is as follows:

1000 EAST WILLIAM STREET SUITE 204
 Physical Street Address Suite number

CARSON CITY NEVADA 89701
 City Zip Code

Optional:

Additional Mailing Address Suite number

City State Zip Code

Signature:

Sam P. G. [Signature] ASST. SEC. 5/24/04
 Authorized Signature of R.A. or On Behalf of R.A. Company Date

ANNUAL LIST OF MANAGERS OR MEMBERS OF:

JAA ENTERPRISES L.L.C.

FILE NUMBER

2849-2001

FOR THE PERIOD MAR 2005 TO 2006. DUE BY MAR 31, 2005.
The Limited-Liability Company's duly appointed resident agent in the State of Nevada upon whom process can be served is:

RA# 61182

FOR OFFICE USE ONLY

FILED (DATE)

NATIONAL REGISTERED AGENTS INC OF
1000 E WILLIAM ST STE 204
CARSON CITY NV 89701

Filed in the office of <i>Dean Heller</i> Dean Heller Secretary of State State of Nevada	Document Number 20050347581-85
	Filing Date and Time 08/25/2005 10:50 AM
	Entity Number LLC2849-2001

IF THE ABOVE INFORMATION IS INCORRECT, PLEASE CHECK THIS BOX AND A CHANGE OF RESIDENT AGENT/ADDRESS FORM WILL BE SENT.

PLEASE READ INSTRUCTIONS BEFORE COMPLETING AND RETURNING THIS FORM.

1. Include the names and addresses, either residence or business, for all managers, or if none, its members. Last year's information has been preprinted. If you need to make changes, cross out the incorrect information and insert the new information above it. A manager, or if none, a member of the company must sign the form. FORM WILL BE RETURNED IF UNSIGNED.
2. If there are additional managers or members, attach a list of them to this form.
3. Return the completed form with the \$125.00 filing fee. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. Make your check payable to the Secretary of State. To receive a certified copy, enclose an additional \$30.00 and appropriate instructions.
5. Return the completed form to: Secretary of State, 202 N. Carson St., Carson City, NV 89701-4201. (775) 684-5708.
6. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties.

FILING FEE: \$125.00

PENALTY: \$75.00

NAME	TITLE(S)	(Document will be rejected if Title not indicated)		
JOSEPH A ARAMANDA		<input checked="" type="checkbox"/> MANAGER	<input type="checkbox"/> MEMBER	
P.O. BOX	ADDRESS	CITY	ST.	ZIP
	2407 SARANAC	GLENVIEW	IL	60025
NAME	TITLE(S)	(Document will be rejected if Title not indicated)		
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MEMBER	
P.O. BOX	ADDRESS	CITY	ST.	ZIP
NAME	TITLE(S)	(Document will be rejected if Title not indicated)		
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MEMBER	
P.O. BOX	ADDRESS	CITY	ST.	ZIP
NAME	TITLE(S)	(Document will be rejected if Title not indicated)		
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MEMBER	
P.O. BOX	ADDRESS	CITY	ST.	ZIP

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS 360.780 and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

[Signature]
X Signature of Manager or Managing Member

Date 8/22/05

01CS5A2 (Rev 09/03)

ANNUAL LIST OF MANAGERS OR MEMBERS OF:

JAA ENTERPRISES L.L.C.
FOR THE PERIOD MAR 2006 TO 2007. DUE BY MAR 31, 2006.



LLC2849-2001

The Limited-Liability Company's duly appointed resident agent in the State of Nevada upon whom process can be served is:

NATIONAL REGISTERED AGENTS INC OF
1000 E WILLIAM ST
STE 204
CARSON CITY NV 89701

Filed in the office of <i>Dean Heller</i> Dean Heller Secretary of State State of Nevada	Document Number 20060138552-22
	Filing Date and Time 03/03/2006 7:41 AM
	Entity Number LLC2849-2001

IF THE ABOVE INFORMATION IS INCORRECT, PLEASE CHECK THIS BOX AND A CHANGE OF RESIDENT AGENT/ADDRESS FORM WILL BE SENT.

THE ABOVE SPACE IS FOR OFFICE USE ONLY

PLEASE READ INSTRUCTIONS BEFORE COMPLETING AND RETURNING THIS FORM.

1. Include the names and addresses, either residence or business, for all managers, or if none, its members. Last year's information has been preprinted. If you need to make changes, cross out the incorrect information and insert the new information above it. A manager, or if none, a member of the company must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
2. If there are additional managers or members, attach a list of them to this form.
3. Return the completed form with the \$125.00 filing fee. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. Make your check payable to the Secretary of State. To receive a certified copy, enclose an additional \$30.00 and appropriate instructions.
5. Return the completed form to: Secretary of State, 202 N. Carson St., Carson City, NV 89701-4201. (775) 684-5708.
6. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties.

FILING FEE: \$125.00 PENALTY: \$75.00

NAME	TITLE(S)	(Document will be rejected if Title not indicated)		
JOSEPH A ARAMANDA		<input checked="" type="checkbox"/> MANAGER	<input type="checkbox"/> MEMBER	
P.O. BOX	ADDRESS	CITY	ST.	ZIP
2407 SARANAC		GLENVIEW	IL	60025
NAME	TITLE(S)	(Document will be rejected if Title not indicated)		
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MEMBER	
P.O. BOX	ADDRESS	CITY	ST.	ZIP
NAME	TITLE(S)	(Document will be rejected if Title not indicated)		
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MEMBER	
P.O. BOX	ADDRESS	CITY	ST.	ZIP
NAME	TITLE(S)	(Document will be rejected if Title not indicated)		
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MEMBER	
P.O. BOX	ADDRESS	CITY	ST.	ZIP
NAME	TITLE(S)	(Document will be rejected if Title not indicated)		
		<input type="checkbox"/> MANAGER	<input type="checkbox"/> MEMBER	
P.O. BOX	ADDRESS	CITY	ST.	ZIP

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS 360.780 and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

J A A
X Signature of Manager or Managing Member

2/27/06
Date

01CSSA2
(Rev 01/05)

EH1045_00010