

APPROVED  
AND  
FILED  
  
IND. SECRETARY OF STATE

## ARTICLES OF ORGANIZATION

OF

CDA, LLC

### ARTICLE I

#### Name

The name of the Limited Liability Company is CDA, LLC,

### ARTICLE II

#### Term of Existence

The period during which the Limited Liability Company shall continue is perpetual until dissolution in accordance with the Indiana Limited Liability Company, Act, Indiana Code 23-18-1-1 et. seq.

### ARTICLE III

#### Registered Office and Agent

The street address of the Limited Liability Company's registered office at the time of adoption of these Articles of Organization is One West Sixth Street, Madison, Indiana and the name of its Resident Agent at such office at the time of the adoption of these Articles of Organization is Chad T. Lewis, Esq.

### ARTICLE IV

#### Members

Section 4.1 Number. The Members at the time of adoption of these Articles of Organization are composed of two (2) members, and the number of shall be fixed by the Operating Agreement and may be changed from time to time by amendment to the Operating Agreement.

Section 4.2 Name. The Members names and addresses are as follows:

- a. Chad Friend  
1105 Autumnwood Lane  
Madison, IN 47243
- b. Darla Friend  
1105 Autumnwood Lane  
Madison, IN 47243

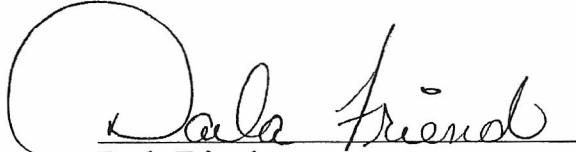
ARTICLE V

Miscellaneous Provisions

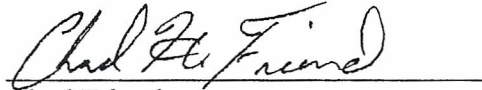
Section 5.1. Amendment or Repeal. Except as otherwise expressly provided for in these Articles of Organization, the Limited Liability Company shall be deemed, for all purposes, to have reserved the right to amend, alter, change or repeal any provision contained in these Articles of Organization to the extent and in the manner now or hereafter permitted or prescribed by statute, and all rights herein conferred upon shareholders are granted subject to such reservation.

Section 5.2. Captions. The captions used in these Articles of Organization are for convenience only and shall not be deemed to constitute a part hereof.

IN WITNESS WHEREFORE, I hereby set my hand and seal.

A handwritten signature in cursive script, reading "Darla Friend", is written over a horizontal line. To the left of the signature is a large, circular, hand-drawn mark.

Darla Friend  
Managing Member

A handwritten signature in cursive script, reading "Chad Friend", is written over a horizontal line.

Chad Friend  
Member

Form **SS-4**

(Rev. December 2001)  
Department of the Treasury  
Internal Revenue Service

**Application for Employer Identification Number**  
(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, Indian tribal entities, certain individuals, and others.)

See separate instructions for each line. Keep a copy for your records.

OMB 1545-0047  
30-0123842

**CDALC**

1 Legal name of entity (or individual) for whom the EIN is being requested <b>CDALC</b>		2 Trade name of business (if different from name on line 1)		3 "Fictitious" name, "care of" name	
4a Mailing address (room, apt., suite no. and street or P.O. box) <b>1105 Ashwood Ln</b>		4b City, state, and ZIP code <b>Madison IN 47356</b>		5a Street address (if different) (Do not enter a P.O. box.) <b>5b City, state, and ZIP code</b>	
6 County and state where principal business is located <b>Jefferson Indiana</b>					
7a Name of principal officer, general partner, general owner, or trustee <b>Dana E. Leckner</b>		7b SSN, TIN, or EIN <b>308-98-6616</b>		8 <b>ENTRYP CONTROL</b> APR 20 2003 OPTIONAL SUPPLEMENTAL PROVISIONS CONTINUE 11	

9a Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit or organization (specify) <input checked="" type="checkbox"/> Other (specify) <b>LLC - member</b> (If a corporation, name the state or foreign country of incorporation) where incorporated	9b Banking purpose (specify purpose) <input checked="" type="checkbox"/> Started new business (specify type) <b>LLC</b> <b>traded as a partnership for IRS</b> <input type="checkbox"/> Hired employees (Check the box and see line 14) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify)	9c Bankruptcy purpose (specify purpose) <input type="checkbox"/> Changed type of organization (specify new type) <b>APR 18 2003</b> <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) <input type="checkbox"/> Created a pension plan (specify type)	9d Foreign corporation, partnership, or other entity <b>Indiana - LLC</b> <b>66</b> <b>RECAPTURED</b>
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10 Date business started or acquired (month, day, year) <b>May 1, 2003</b>	11 Closing month of accounting year <b>December</b>
12 First date wages or salaries were paid or will be paid (month, day, year). <b>Jan 1, 2004</b> first day paid to nonresident alien, (month, day, year).	13 Highest number of employees (specify type) <b>1</b> expected to have any employees during the period, enter "0". Highest number of employees (specify type) <b>1</b> expected to have any employees during the period, enter "0".
14 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental and leasing <input type="checkbox"/> Transportation or warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-retail trade <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance and insurance <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance and insurance <input type="checkbox"/> Other (specify)	15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <b>Housing / Apartment Rental - Leasing</b>

16a Has this applicant ever applied for an employer identification number for another business? Answer: If "Yes," please complete lines 16b and 16c. <b>Yes</b>	16b If you checked "Yes" on line 16a, give type of business and EIN for each business. Legal name <b>CDALC</b> Trade name <b>CDALC</b> EIN <b>308-98-6616</b>	16c Approximate date when, and city and state, approximately how many full-time employees were employed by the business. Approximate date when first hired (month, day, year) City and state <b>Madison IN</b> Approximate date when first hired (month, day, year) City and state <b>Madison IN</b>
17a Complete this section only if you want to change the name of the business. Designated name <b>CDALC</b> Address and ZIP code <b>1105 Ashwood Ln Madison IN 47356</b>	17b Complete this section only if you want to change the name of the business. Designated name <b>CDALC</b> Address and ZIP code <b>1105 Ashwood Ln Madison IN 47356</b>	

18a Signature of preparer (individual) or authorized officer (corporation, partnership, etc.) <b>Dana E. Leckner</b> Name and title (type or print clearly) <b>President</b>	18b Signature of preparer (individual) or authorized officer (corporation, partnership, etc.) <b>Dana E. Leckner</b> Name and title (type or print clearly) <b>President</b>
19a Date of filing (month, day, year) <b>May 13, 2003</b>	19b Date of filing (month, day, year) <b>May 13, 2003</b>

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05-12-03