| COUNTY OF GREENVILLE ss: |   |  |
|--------------------------|---|--|
|                          |   |  |
| certify that he has read | ey are the incorporator<br>this verification; that<br>the foregoing docum | each of the undersigned for himself does hereby further nent, understands the meaning and purport of the state-to the best of his information and belief.  (Signature of Incorporator) |
|                          |   | (Signature of Incorporator)  |
|                          |   | (Signature of Incorporator) • (Each Incorporator Must Sign)  |
|                          | CERTIFIC  | CATE OF ATTORNEY   |
| complied with the        | requirements of chapt<br>e organization of corpo<br>il purpose.           | Address P.O. Box 10045 - Suite 1009  Lawyers Building Greenville, S. C. 29603  |
| SCHEDULE OF FE           | res   |  |
|                          | ling Articles of With   | Secretary of State)  |
| Fee for filing Articl    | es\$<br>above, \$.40 for each   |  |

NOTE. THIS FORM MUST BE COMPLETED IN ITS ENTIRETY BEFORE IT WILL BE ACCEPTED FOR FILING.