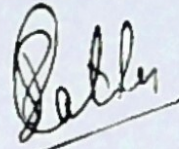


STATE OF DELAWARE
CERTIFICATE OF FORMATION
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is ASTROLAT LLC

2. The Registered Office of the limited liability company in the State of Delaware is located at 8 The Green, Ste A (street), in the City of Dover, Zip Code 19901. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is A Registered Agent, Inc



By: _____
Authorized Person

Name: JASMER LATHER
Print or Type