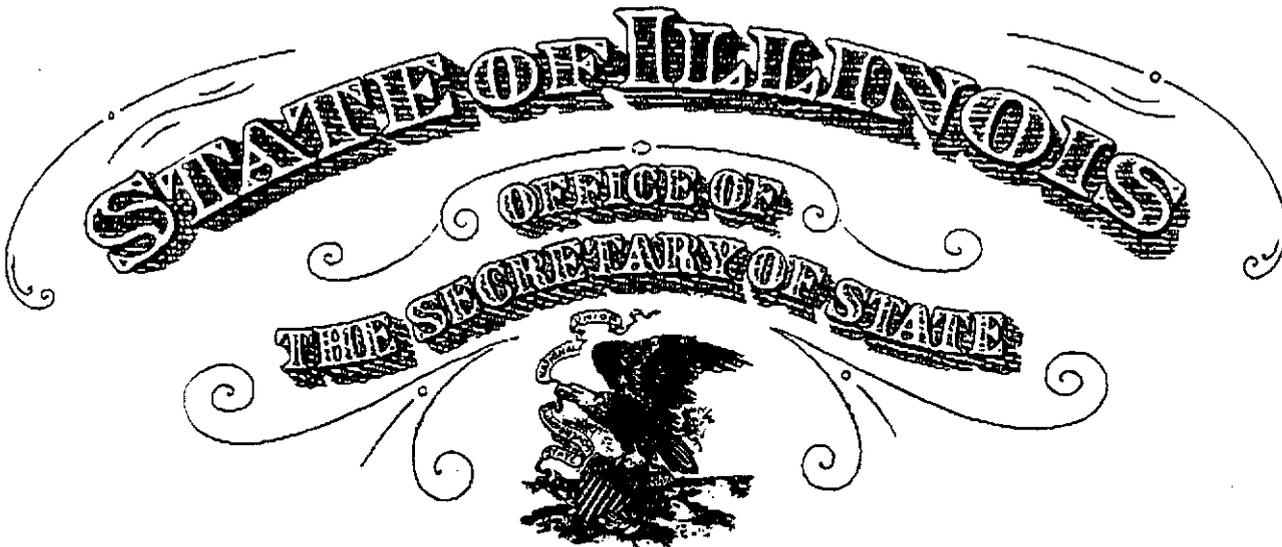


Attachment 1  
Illinois Business License

A copy is attached.



**Whereas,** ARTICLES OF ORGANIZATION OF  
LOWER ELECTRIC LLC,  
ORGANIZED UNDER THE LAWS OF THE STATE OF ILLINOIS HAVE BEEN FILED  
IN THE OFFICE OF THE SECRETARY OF STATE AS PROVIDED BY THE LIMITED  
LIABILITY COMPANY ACT OF ILLINOIS, IN FORCE JANUARY 1, 1994.

*Now Therefore, I, Jesse White, Secretary of State of the State  
of Illinois, by virtue of the powers vested in me by law, do  
hereby issue this certificate of organization under the  
Illinois Limited Liability Company Act.*

**In Testimony Whereof,** I hereto set my hand and cause to  
be affixed the Great Seal of the State of Illinois, at

the City of Springfield, this 5TH

day of JANUARY A.D. 2001 and

of the Independence of the United States

the two hundred and 25TH

*Jesse White*

SECRETARY OF STATE



**Illinois  
Limited Liability Company Act  
Articles of Organization**

This space for use by  
Secretary of State

Jesse White  
Secretary of State  
Department of Business Services  
Limited Liability Company Division  
Room 359, Howlett Building  
Springfield, IL 62756  
http://www.sos.state.il.us

Must be typewritten

This space for use by Secretary of State

Date 1-5-01  
Assigned File # 0050-294-4  
Filing Fee \$400.00  
Approved: JWB

**FILED**

JAN 05 2001

JESSE WHITE  
SECRETARY OF STATE

1. Limited Liability Company Name: Lower Electric LLC

(The LLC name must contain the words limited liability company, L.L.C. or LLC and cannot contain the terms corporation, corp., incorporated, inc., ltd., co., limited partnership, or L.P.)

2. If transacting business under an assumed name, complete and attach Form LLC-1.20.  
3. The address of its principal place of business: (Post office box alone and c/o are unacceptable.)  
3907 Kiess Drive, Glenview, IL 60025 Cook

4. The Articles of Organization are effective on: (Check one)  
a)  the filing date, or b) \_\_\_\_\_ another date later than but not more than 60 days subsequent to the filing date: \_\_\_\_\_ (month, day, year)

5. The registered agent's name and registered office address is:  
Registered agent: Harold S. Dembo  
First Name Middle Initial Last Name  
Registered Office: 333 W. Wacker Drive, Suite 1800  
Number Street Suite #  
(P.O. Box and c/o are unacceptable) Chicago, IL 60606  
City ZIP Code County

6. Purpose or purposes for which the LLC is organized: Include the business code # (IRS Form 1065).  
(If not sufficient space to cover this point, add one or more sheets of this size.)  
"The transaction of any or all lawful business for which limited liability companies may be organized under this Act."  
IRS Business Code: 541990

7. The latest date, if any, upon which the company is to dissolve December 31, 2031  
(month, day, year)  
Any other events of dissolution enumerated on an attachment. (Optional)

LLC-5.5

8. Other provisions for the regulation of the internal affairs of the LLC per Section 5-5 (a) (8) included as attachment:

If yes, state the provisions(s) from the ILLCA.  Yes  No

9. a) Management is by manager(s):  Yes  No

If yes, list names and business addresses.

b) Management is vested in the member(s):  Yes  No  
If yes, list names and addresses.

Ira Holtzman  
3907 Kiess Drive  
Glenview, IL 60025

William Schloss  
1458 Kingsport Court  
Northbrook, IL 60062

10. I affirm, under penalties of perjury, having authority to sign hereto, that these articles of organization are to the best of my knowledge and belief, true, correct and complete.

Dated January 4, 2001  
(Month/Day) (Year)

Signature(s) and Name(s) of Organizer(s)

Business Address(es)

1. Becky Jo Eytcheson  
Signature

Becky Jo Eytcheson, Organizer  
(Type or print name and title)

(Name if a corporation or other entity)

2. \_\_\_\_\_  
Signature

(Type or print name and title)

(Name if a corporation or other entity)

3. \_\_\_\_\_  
Signature

(Type or print name and title)

(Name if a corporation or other entity)

1. 333 W. Wacker Drive, Suite 1800  
Number Street

Chicago  
City/Town

IL 60606  
State ZIP Code

2. \_\_\_\_\_  
Number Street

City/Town

State ZIP Code

3. \_\_\_\_\_  
Number Street

City/Town

State ZIP Code

(Signatures must be in ink on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)