

**STATE OF CALIFORNIA  
 CERTIFICATE OF LIMITED PARTNERSHIP—FORM LP-1  
 IMPORTANT—Read instructions on back before completing this form**

This Certificate is presented for filing pursuant to Chapter 3, Article 2, Section 15621, California Corporations Code.

|                                                                                        |  |                                             |                             |
|----------------------------------------------------------------------------------------|--|---------------------------------------------|-----------------------------|
| <b>1. NAME OF LIMITED PARTNERSHIP</b><br>IPDR ASSOCIATES, LP                           |  |                                             |                             |
| <b>2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE</b><br>522 S. SEPULVEDA BLVD. (104) |  | <b>3. CITY AND STATE</b><br>LOS ANGELES, CA | <b>4. ZIP CODE</b><br>90049 |
| <b>5. STREET ADDRESS OF CALIFORNIA OFFICE IF EXECUTIVE OFFICE IN ANOTHER STATE</b>     |  | <b>6. CITY</b><br>CALIF.                    | <b>7. ZIP CODE</b>          |

**8. COMPLETE IF LIMITED PARTNERSHIP WAS FORMED PRIOR TO JULY 1, 1984 AND IS IN EXISTENCE ON DATE THIS CERTIFICATE IS EXECUTED.**  
 THE ORIGINAL LIMITED PARTNERSHIP CERTIFICATE WAS RECORDED ON \_\_\_\_\_ 19\_\_\_\_ WITH THE  
 RECORDER OF \_\_\_\_\_ COUNTY. FILE OR RECORDATION NUMBER \_\_\_\_\_

**9. NAMES AND ADDRESSES OF ALL GENERAL PARTNERS: (CONTINUE ON SECOND PAGE, IF NECESSARY)**  
 NAME: SUSAN P. ZOLLA  
 ADDRESS: 522 S. SEPULVEDA BLVD. (104)  
 CITY: LOS ANGELES STATE CALIFORNIA ZIP CODE 90049

**9A.**  
 NAME:  
 ADDRESS:  
 CITY: STATE ZIP CODE

**9B.**  
 NAME:  
 ADDRESS:  
 CITY: STATE ZIP CODE

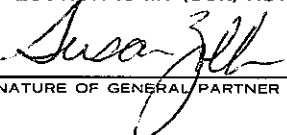
**10. NAME AND ADDRESS OF AGENT FOR SERVICE OF PROCESS**  
 NAME: SUSAN P. ZOLLA  
 ADDRESS: 522 S. SEPULVEDA BLVD. (104)  
 CITY: LOS ANGELES STATE CALIFORNIA ZIP CODE 90049

**11. TERM FOR WHICH THIS PARTNERSHIP IS TO EXIST**  
 5/28/92 to 12/31/2022

**12. FOR THE PURPOSE OF FILING AMENDMENTS, DISSOLUTION AND CANCELLATION CERTIFICATES PERTAINING TO THIS CERTIFICATE, THE  
 ACKNOWLEDGMENT OF  GENERAL PARTNERS IS REQUIRED.**

**13. ANY OTHER MATTERS THE GENERAL PARTNERS DESIRE TO INCLUDE IN THIS CERTIFICATE MAY BE NOTED ON SEPARATE PAGES AND BY  
 REFERENCE HEREIN IS A PART OF THIS CERTIFICATE. NUMBER OF PAGES ATTACHED**

**14. IT IS HEREBY DECLARED THAT I AM (WE ARE) THE PERSON(S) WHO EXECUTED THIS CERTIFICATE OF LIMITED PARTNERSHIP, WHICH EX-  
 ECUTION IS MY (OUR) ACT AND DEED (SEE INSTRUCTIONS)**

|                                                                                                                              |                                               |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| SIGNATURE OF GENERAL PARTNER  DATE 5/28/92 | SIGNATURE OF GENERAL PARTNER _____ DATE _____ |
| SIGNATURE OF GENERAL PARTNER _____ DATE _____                                                                                | SIGNATURE OF GENERAL PARTNER _____ DATE _____ |
| SIGNATURE OF OTHER THAN GENERAL PARTNER _____                                                                                | TITLE OR DESIGNATION _____ DATE _____         |

**15. THIS SPACE FOR FILING OFFICER  
 USE (FILE NUMBER, DATE OF FILING)**  
 9215300020

**FILED**  
 In the office of the Secretary of State  
 of the State of California  
**JUN 1 1992**  
*March Fong Eu*  
**MARCH FONG EU  
 SECRETARY OF STATE**

**16. RETURN ACKNOWLEDGMENT TO:**

|                |                              |
|----------------|------------------------------|
| NAME           | EDWARD M. ZOLLA, III         |
| ADDRESS        | 522 S. SEPULVEDA BLVD. (104) |
| CITY AND STATE | LOS ANGELES, CA 90049        |
| ZIP CODE       |                              |