EXHIBIT A

	. Receipt Numbe	г. 3446296
State of Utah This form must be type written or computer generated.	Amount Pald:	\$70.00
Department of Commerce	_	
Division of Corporations & Commercial Code		
Articles of Organization		

Articles of Organization

mportant: Read instructions before completing form Ron-Retundante 1 locessing rec. 370.00	
1. Name of Limited Liability Company: Peerless Network of Utah, LLC	
2. Purpose: Engage in any lawful purpose for which an LLC may be organized under Utah Law	
3. Who/What is the name of the Registered Agent (Individual or Business Entity or Commercial Registered Agent)?:	
CT Corporation System	
The address must be listed if you have a non-commercial registered agent. What is a commercial registered agent?	_
Address of the Registered Agent: 136 East South Temple, Suite 2100 Utah Street Address Required, PO Boxes can be listed after the Street Address	
City: Salt Lake State UT Zip: 84111	
4. Organizer(s) The company odoes of the company.	
5. Name and Address of 1. John D, Mackewich	
is not a member or Name Niehaus & Associates Ltd. 7150 Granite Circle, Suite 203 Toledo, Ohio 43617	
(attach additional page if Address City State	Zip
6. Management: The company will be manager member managed.	
1. Peerless Network, Inc. Member	
Name Position	
222 S. Riverside Plaza, Suite 2730, Chicago, Illinois 60606	
7. Name and Address of Members/Managers: [attach an additional] Address Signature:	Zip
page if there are more Member	
than 2 members and/or nanagers) Name Position	
Address City State	Zip
Signature:	
8. Duration (may not exceed 99 The duration of the company shall be 99 years.	
years) The duration date of the company shall be	
9. Principal Address: 222 S. Riverside Plaza, Suite 2730, Chicago, Illinois 60606 Address City State	Zip
Under GRAMA {63-2-201}, all registration information maintained by the Division is classified as public record. For confidentiality purposes, you may use the business entity physical address rather than the residential or private address of any individual affiliated with entity.	Ì
Optional Inclusion of Ownership Information: This information is not required.	
Is this a female owned business? Yes No	
Is this a minority owned business? Yes No If yes, please specify: Select/Type the race of the owner	here

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01/18/2011

Mailing/Faxing Information: www.corporations.utah.gov/contactus.html Division's Website: www.corporations.utah.gov

State of Uiah

This Certificate thereof. ___Date 01-25-2011

Examiner

Kathy Berg Division Director

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