



Phone: (503) 866-3200
Fax: (503) 378-4381

Articles of Organization—Limited Liability Company

Secretary of State
Corporation Division
250 Capitol St. NE, Suite 151
Salem, OR 97310-1327
FilingInOregon.com

FILED

JAN 28 2003

OREGON
SECRETARY OF STATE

For office use only

REGISTRY NUMBER: 126935-94

In keeping with Oregon Statute 192.410-192.605, the information on the application is public record. We must release this information to all parties upon request and it may be posted on our website.

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1) NAME (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.")

KP Holdings L.L.C.

2) DURATION (Please check one.)

Latest date upon which the Limited Liability Company is to dissolve is _____

Duration shall be perpetual.

3) NAME OF THE INITIAL REGISTERED AGENT

C T Corporation System

4) ADDRESS OF THE INITIAL REGISTERED AGENT

(Must be an Oregon Street Address, which is identical to the registered agent's business office.)

388 State Street, Suite 420

Salem, Oregon 97301

5) ADDRESS WHERE THE DIVISION MAY MAIL NOTICES

c/o C T Corporation System

388 State Street, Suite 420

Salem, Oregon 97301

6) NAME AND ADDRESS OF EACH ORGANIZER

Naftali T. Leshkowitz

c/o Sullivan & Cronwell LLP

125 Broad Street

New York, New York 10004

7) IF THIS LIMITED LIABILITY COMPANY IS NOT MEMBER MANAGED, CHECK ONE BOX BELOW.

This limited liability company is managed by a single manager.

This limited liability company is managed by multiple manager(s).

8) IF RENDERING A PROFESSIONAL SERVICE OR SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED.

9) OPTIONAL PROVISIONS (Attach a separate sheet if necessary.)

10) EXECUTION (The title for each signer must be "Organizer.")

Printed Name

Naftali T. Leshkowitz

Signature

Title

Organizer

11) COMPANY NAME (To make changes with this firm.)

N

DA

21

KP HOLDINGS L.L.C.



12693594-6254420

NEWORG

FEES

Required Processing Fee \$20 Processing Fees are non-refundable.

Please make check payable to "Corporation Division."

NOTE:

Fee may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.