State of Indiana
Office of the Secretary of State
Certified Copies

To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that this is a true and complete copy of this 3 page document consisting of the following records filed in this office:

<table>
<thead>
<tr>
<th>Transaction</th>
<th>Date Filed</th>
<th>No. of pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration of Limited Liability Partnership</td>
<td>11/04/2005</td>
<td>3</td>
</tr>
<tr>
<td>Total No. of pages</td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, March 07, 2022

HOLLI SULLIVAN
SECRETARY OF STATE

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate
Expires on April 06, 2022.
State of Indiana
Office of the Secretary of State

REGISTRATION OF LIMITED LIABILITY PARTNERSHIP

of

ICE MILLER LLP

I, TODD ROKITA, Secretary of State of Indiana, hereby certify that Registration of Limited Liability Partnership of the above Domestic Limited Liability Partnership (LLP) have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Uniform Partnership Act.

NOW, THEREFORE, with this document I certify that said transaction will become effective Friday, November 04, 2005.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, November 4, 2005.

[Signature]

TODD ROKITA,
SECRETARY OF STATE
ARTICLE I: NAME AND PRINCIPLE OFFICE OF LIMITED LIABILITY PARTNERSHIP

a. The following is the name of the Limited Liability Partnership:

Ice Miller LLP

(Please note pursuant to Indiana Code 23-4-1-1, this name must include the words "Limited Liability Partnership", "L.L.P.", or "LLP.")

b. The following is the address of the Limited Liability Partnership's Principal Office:

Street Address
One American Square, 31st Floor
City
Indianapolis
State
IN
Zip Code
46282-0200

ARTICLE II: REGISTERED AGENT AND REGISTERED OFFICE OF LIMITED LIABILITY PARTNERSHIP

a. The following are the name and business address of the Limited Liability Partnership's Registered Agent:

Name of Registered Agent
R. Kim Russell

Address of Registered Agent (street or building)
One American Square, 31st Floor
City
Indianapolis
State
Indiana
Zip Code
46282-0200

b. The following is the street address of the Limited Liability Partnership's Registered Office: (must be identical to the Registered Agent's business address above)

Address of Registered Office (street or building)
One American Square, 31st Floor
City
Indianapolis
State
Indiana
Zip Code
46282-0200

ARTICLE III: STATEMENT OF PURPOSE OF LIMITED LIABILITY PARTNERSHIP

Please give a brief statement describing the business in which the Limited Liability Partnership is engaged:

The general practice of law.

In Witness Whereof, the undersigned being an officer or other duly authorized representative of the above-stated partnership acknowledges that these Articles of Registration are evidence of the partnership's intention to act as a Limited Liability Partnership. Furthermore, the undersigned executes these Articles of Registration for a Limited Liability Partnership and verifies, subject to penalties of perjury, that the statements contained herein are true,

this 26th day of October, 2005

Signature
Byron L. Myers
Printed Name
Byron L. Myers, Managing Partner
The undersigned hereby approves the Application for Certificate to practice under the
Laws of the State of Indiana and Indiana Supreme Court Admission & Discipline Rule
27, subject to the approval of the Registration by the Secretary of the State of Indiana.

Mary Place Godsey
Executive Director

Dated:

November 4, 2005