

CT-07

200711010 *gk*

**Certificate of Assumed Name**  
Pursuant to General Business Law, §130

NYS Department of State  
Division of Corporations, State Records and UCC  
41 State Street, Albany, NY 12231-0001  
www.dos.state.ny.us

1. NAME OF ENTITY  
**Yates County Industrial Development Agency**

1a. FOREIGN ENTITIES ONLY. If applicable, the fictitious name the entity agreed to use in New York State is:

2. NEW YORK LAW FORMED OR AUTHORIZED UNDER (CHECK ONE):  
 Business Corporation Law  
 Education Law  
 Insurance Law  
 Other (specify law): **Chapter 113, Section 893-b of General Municipal Law**  
 Limited Liability Company Law  
 Not-for-Profit Corporation Law  
 Revised Limited Partnership Act

3. ASSUMED NAME  
**Finger Lakes Economic Development Center**

4. PRINCIPAL PLACE OF BUSINESS IN NEW YORK STATE (MUST BE NUMBER AND STREET. IF NONE, INSERT OUT-OF-STATE ADDRESS)  
**One Keuka Business Park, Suite 104  
Penn Yan, New York 14527-8995**

5. COUNTIES IN WHICH BUSINESS WILL BE CONDUCTED UNDER ASSUMED NAME  
 ALL COUNTIES (if not, circle county[ies] below)  
Albany      Clinton      Greene      Montgomery      Oswego      Schenectady      Ulster  
Allegany      Columbia      Hamilton      Nassau      Otsego      Schoharie      Warren  
Bronx      Cortland      Herkimer      New York      Putnam      Schuyler      Washington  
Broome      Delaware      Jefferson      Niagara      Queens      Seneca      Wayne  
Cattaraugus      Dutchess      Kings      Oneida      Rensselaer      Steuben      Westchester  
Cayuga      Erie      Lewis      Onondaga      Richmond      Suffolk      Wyoming  
Chautauqua      Essex      Livingston      Ontario      Rockland      Sullivan      **Yates**  
Chemung      Franklin      Madison      Orange      St. Lawrence      Tioga  
Chenango      Fulton      Monroe      Orleans      Saratoga      Tompkins  
Genesee

6. INSERT THE ADDRESS OF EACH LOCATION WHERE BUSINESS WILL BE CARRIED ON OR TRANSACTED UNDER THE ASSUMED NAME.  
Use a continuous sheet, if needed. (The address must be set forth in terms of a number and street, city, state and zip code. Please note that the address(es) reflected in paragraph 6 must be within the county(ies) circled in paragraph 5. If the entity does not have a specific location where it will conduct business under the assumed name please check the statement below.)  
**One Keuka Business Park, Suite 104  
Penn Yan, New York 14527-8995**

No New York State Business Location

20071101084

INSTRUCTIONS FOR SIGNATURE: If corporation, by an officer; if limited partnership, by a general partner; if limited liability company, by a member or manager or by an authorized person or attorney-in-fact. For each corporation, limited partnership, or limited liability company, if the certificate is signed by an attorney-in-fact, include the name and title of the person for whom the attorney-in-fact is acting. (Example, John Smith, attorney-in-fact for Robert Johnson, president)

JEFF GIFFORD  
Name and Title  
Jeff Gifford - Authorized Person

[Signature]  
Signature

CT-07

CERTIFICATE OF ASSUMED NAME  
OF

Yates County Industrial Development Agency

(Insert Entity Name)

Pursuant to §130, General Business Law

Kim M. Dixon, Hodgson Russ LLP, 140 Pearl Street, Suite 100, Buffalo, New York 14202

SENDER'S NAME AND MAILING ADDRESS

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[Handwritten initials]

NOTE: This form was prepared by the New York State Department of State. You are not required to use this form. You may draft your own form or use forms available at legal stationery stores. The Department of State recommends that all documents be prepared under the guidance of an attorney. The certificate must be submitted with a \$25 fee. The Department of State also collects the following, additional, county clerk fees for each county in which a corporation does or transacts business: \$100 for each county within New York City (Bronx, Kings, New York, Queens and Richmond) and \$25 for each county outside New York City. All checks over \$500 must be certified.

(For office use only)

Ice  
STATE OF NEW YORK  
DEPARTMENT OF STATE

FILED NOV 01 2007  
TAX \$ 18,772.50  
BY: LMC

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**STATE OF NEW YORK**  
**DEPARTMENT OF STATE**

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of the  
Department of State, at the City of Albany, on  
November 1, 2007.

*Paul LaPointe*

Paul LaPointe  
Special Deputy Secretary of State