

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 20 11 ;
ending June 30 20 12

TO THE GOVERNING BODY of the: Town of } Madison
 Village of }
 City of }

County of Dane Aldermanic Dist. No. _____ (if required by ordinance)

1. The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): Select Hotels Group, L.L.C.

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, title, and place of residence of each person.

| Title | Name | Home Address | Post Office & Zip Code |
|-----------------------|---|----------------------------|---------------------------|
| President/Member | <u>President H. Charles Floyd</u> | <u>89 Indian Hill Road</u> | <u>Winnetka, IL 60093</u> |
| Vice President/Member | <u>V.P. Patrick J. Roxworthy</u> | <u>545 N. Dearborn</u> | <u>Chicago, IL 60654</u> |
| Secretary/Member | <u>V.P. & Secretary Rena Hozore Reiss</u> | <u>55 W. Delaware #616</u> | <u>Chicago, IL 60610</u> |
| Treasurer/Member | <u>V.P. & Treasurer Harmit J. Singh</u> | <u>100 E. Huron, #4503</u> | <u>Chicago, IL 60611</u> |
| Agent | <u>Mark Neubauer, 404 Southbound Dr, DeForest, WI 53532</u> | | |
| Directors/Managers | <u>see attachment</u> | | |

3. Trade Name Hyatt Place Madison Business Phone Number _____
4. Address of Premises 333 W. Washington Ave, Madison, WI Post Office & Zip Code 52703

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? (see attached certificate) Yes No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
8. (a) Corporate/limited liability company applicants only: Insert state Delaware and date 12/22/04 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No
(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)
9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Entire building
10. Legal description (omit if street address is given above): _____
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
(b) If yes, under what name was license issued? Madison Hotel Associates, L.P.
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] Yes No
13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776] Yes No
14. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 17 day of August, 2011
[Signature]
(Clerk/Notary Public)

My commission expires 3-26-2013

[Signature]
OFFICIAL SEAL
NEAL PEKALA
NOTARY PUBLIC - STATE OF WISCONSIN
MY COMMISSION EXPIRES: 03/26/13
Additional Partner(s)/Member/Manager of Limited Liability Company (if Any)

TO BE COMPLETED BY CLERK

| | | | |
|--|--------------------------------|---------------------------------|-----------------------------------|
| Date received and filed with municipal clerk | Date reported to council/board | Date provisional license issued | Signature of Clerk / Deputy Clerk |
| Date license granted | Date license issued | License number issued | |

ALD-4-Venue / P.D. 405 LICLIB. 2011. 01725 24770

| Applicant's Wisconsin Seller's Permit Number: <u>456-0002304323-04</u> | |
|--|-----------------|
| Federal Employer Identification Number (FEIN): <u>20-2053855</u> | |
| LICENSE REQUESTED | |
| TYPE | FEE |
| <input type="checkbox"/> Class A beer | \$ |
| <input checked="" type="checkbox"/> Class B beer | \$ |
| <input type="checkbox"/> Wholesale beer | \$ |
| <input type="checkbox"/> Class C wine | \$ |
| <input type="checkbox"/> Class A liquor | \$ |
| <input checked="" type="checkbox"/> Class B liquor | \$ |
| <input type="checkbox"/> Reserve Class B liquor | \$ |
| Publication fee | \$ <u>20.00</u> |
| TOTAL FEE | \$ |

SELECT HOTELS GROUP, L.L.C.

**ATTACHMENT TO CITY OF MADISON
ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION**

2. Additional officers and directors:

| Title: | Name: | Home Address: |
|----------------|-------------------------|---|
| Vice President | James Kalani Chu | 1228 North Illinois Avenue Arlington Heights, IL 60004 |
| Vice President | Christopher Kent Ivy | 1956 North Maud Avenue Chicago, IL 60606 |
| Vice President | Jerry Matthew O'Connor | 4501 Madison Avenue Brookfield, IL 60513 |
| Vice President | Bradley Raymond O'Bryan | 2320 Wedgefield Court Aurora, IL 60502 |

8(b) The applicant is a direct, wholly-owned subsidiary of Hyatt Corporation, a Delaware corporation.

8(c) Several officers of the applicant are also officers of Hyatt Corporation which is in the process of applying for an alcohol beverage license for the following Wisconsin location:

333 Main Street, Green Bay, Wisconsin



eTIPS On Premise - Wisconsin: XXX-XX-XXXX
Issued: 3/7/2010 Expires: 3/7/2013
ID#: 2737796 D.O.B.: XX/XX/XXXX

Mark Neubauer
333 W Washington Ave
Madison, WI 53703-2701

Complies w/s 125.04, .17 & 134.66 (2m)

City of Madison Supplemental Class B License Application

| | | |
|--|---|--|
| <input type="checkbox"/> Seller's Permit Number <input type="checkbox"/> Federal Employer Identification # <input type="checkbox"/> Notarized Original Application Form <input type="checkbox"/> Notarized Supplemental Form <input type="checkbox"/> Orange Sign (Clerk's Office provides at time of application) | <input type="checkbox"/> Written Description of Premise <input type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation <input type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only | <input type="checkbox"/> Floor Plans <input type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan |
|--|---|--|

1. Name of Applicant/Partner/Corporation/LLC Select Hotels Group, L.L.C.
2. Address of Licensed Premise 333 W. Washington Avenue, Madison, WI 53703
3. Telephone Number: (608) 257-2700 4. Anticipated opening date: N/A - currently open
5. Mailing address if not opening immediately N/A
6. Have you contacted the Alderperson, Police Department District Captain, Alcohol Policy Coordinator, and the neighborhood association representative for the area in which you intend to locate? Yes No
7. Are there any special conditions desired by the neighborhood? Yes No
 Explain. _____
8. Business Description, including hours of operation: Hotel - open 24 hours

9. Do you plan to have live entertainment? No Yes—What kind? _____
10. Detailed written description of building, including overall dimensions, seating arrangements, capacity, bar size and all areas where alcohol beverages are to be sold and stored. **The licensed premise described below shall not be expanded or changed without the approval of the Common Council.**
Eleven (11) story, 151 room hotel serving beer, wine and liquor in an 820 S.F. lobby/cafe
located on the first floor, 840 S.F. great room off the lobby, and in meeting room space
(2488 S.F.) on the second floor of the building
11. Are any living quarters directly or indirectly accessible and under control of the applicant? Yes No
 Please note that alcohol may be sold and stored only on the licensed premise, not in living quarters.
12. Describe existing parking and how parking lot is to be monitored. See attached

13. Describe your management experience, staffing levels, duties and employee training.
See attached

14. Identify the **registered agent** for your Corporation or LLC. This is your corporation's agent for service of process, notice or demand required or permitted by law to be served on the corporation.
CSC-Lawyers Incorporating Service Company, 8040 Excelsior Dr. Ste. 400, Madison WI 53717
 Name _____ Address _____

15. Utilizing your market research, who would you project your target market to be?

Corporate travelers Sunday-Thursday; Leisure guests Friday-Saturday

16. What age range would you hope to attract to your establishment? Average guest is 25-50 years old

17. Describe how you plan to advertise/promote your business. What products will you be advertising?

Trade publications, internet (hyatt.com), conventions and referrals. The "product" to be advertised is the hotel with its various amenities.

18. Are you operating under a lease or franchise agreement? Yes (attach a copy) No

19. Owner of building where establishment is located: Hyatt Corporation

Address of Owner: 71 South Wacker Dr, 14th floor, Chicago IL 60606 Phone Number (312) 750-1234

20. Private organizations (clubs): Do your membership policies contain any requirement of "Invidious" (likely to give offense) discrimination in regard to race, creed, color, or national origin? Yes No

21. List the Directors of your Corporation/LLC

See attached

Name Address

Name Address

Name Address

22. List the Stockholders of your Corporation/LLC

Hyatt Corporation, 71 S. Wacker Dr. 14th floor, Chicago, IL 60606 100%

Name Address % of Ownership

Name Address % of Ownership

Name Address % of Ownership

23. What type of establishment are you? (Check all that apply) Tavern Nightclub Restaurant

Other Please Explain. Hotel

24. What type of food will you be serving, if any? _____

Breakfast Lunch Dinner

25. Please submit a sample menu with your application, if possible. What might eventually be included on your

operational menu when you open? Appetizers Salads Soups Sandwiches Entrees

Desserts Pizza Full Dinners

26. During what hours of your operation do you plan to serve food? 24 hours

27. What hours, if any, will food service not be available? N/A
28. Indicate any other product/service offered. Hotel
29. Will your establishment have a kitchen manager? Yes No
30. Will you have a kitchen support staff? Yes No
31. How many wait staff do you anticipate will be employed at your establishment? 2-4 gallery hosts
During what hours do you anticipate they will be on duty? 7:00 a.m. - 11:00 p.m.
32. Do you plan to have hosts or hostesses seating customers? Yes No
33. Do your plans call for a full-service bar? Yes No
If yes, how many bar stools do you anticipate having at your bar? _____
How many bartenders do you anticipate you would have working at one time on a busy night? _____
34. Will there be a kitchen facility separate from the bar? Yes No
35. Will there be a separate and specific area for eating only? Yes No Great room area for guests to work, eat and/or relax
If yes, what will be the seating capacity for that area? 56
36. What type of cooking equipment will you have? Stove Oven Fryers Grill Microwave
37. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products? Yes No
Counter top refrigerators, reach-in freezers and mechanically cooled display units
38. What percentage of your overall payroll do you anticipate will be devoted to food operation salaries?
3.9%
39. If your business plan includes an advertising budget, what percentage of your advertising budget do you anticipate will be related to food? 0%
What percentage of your advertising budget do you anticipate will be drink related? 0%
40. Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or the Tavern League of Wisconsin? Yes No
41. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association? Yes No
-

42. What is your estimated capacity? 120 (1st floor); 130 (2nd floor meeting space); 420 (hotel)

43. Pursuant to Chapter 38.02 of the Madison General Ordinances, all restaurants and taverns serving alcohol beverages shall substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. For new establishments, the percentage will be an estimate.

| | |
|--|-------------|
| Gross Receipts from Alcoholic Beverages | 1.8 % |
| Gross Receipts from Food and Non-Alcoholic Beverages | 2.9 % |
| Gross Receipts from Other | 95.3% |
| Total Gross Receipts | 100% |

44. Do you have written records to document the percentages shown? Yes No
You may be required to submit documentation verifying the percentages you've indicated.

Read carefully before signing: Under penalty provided by law, the applicant states that the above information has been truthfully completed to the best of the knowledge of the signer. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted will not be assigned to another. Any lack of access to any portion of a licensed premise during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

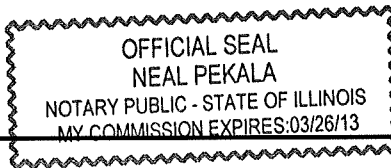
Subscribed and Sworn to before me:

this 21st day of October, 2011

[Signature]
(Clerk/Notary Public)

My commission expires 3/20/2013

[Signature]
(Officer of Corporation/Member of LLC/Partner/Individual)
H. Charles Floyd, President, Select Hotels Group, LLC



SELECT HOTELS GROUP, L.L.C.

ATTACHMENT TO SUPPLEMENTAL FORM

12. Describe existing parking and how parking lot is to be monitored.

Parking for the hotel is in an attached parking garage at the rear of the building. The parking structure is a shared facility known as the Main Street Parking Condominium. The facility is shared between Capitol Lakes Retirement community, The Alexander Company (which owns the 345 W Washington office building and the Capital West condominiums), and Hyatt Place Madison/Downtown. Hyatt Place has 151 parking stalls. The parking association has security cameras in place, and also pays for a security company to make periodic drive throughs of the structure.

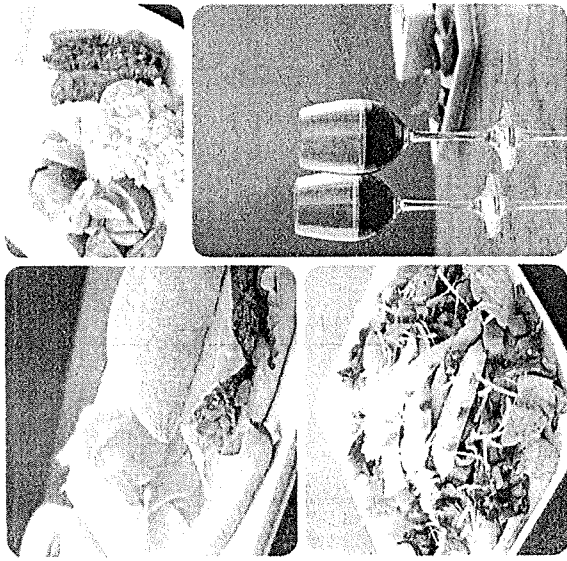
13. Describe your management experience, staffing levels, duties and employee training.

Mark Neubauer, General Manager, has been in the hospitality industry professionally since 1982 upon graduating from UW Stout with a Bachelor's degree in Hotel/Restaurant Management. He has been a general manager of four hotels prior to Hyatt Place and a liquor license agent for three of those hotels.

Staffing levels will correspond with guest needs and the occupancy level of the hotel. Gallery hosts (employees who greet and help guests with all of their needs) will be scheduled on separate shifts during the day. The training program for new employees begins with orientation and is two weeks in length.

21. List the Directors of your Corporation/LLC.

| | |
|-------------------|--|
| H. Charles Floyd | 89 Indian Hill Road, Winnetka, IL 60093 |
| Harmit J. Singh | 100 E. Huron, Unit # 4503, Chicago, IL 60611 |
| Rena Hozore Reiss | 55 W. Delaware Place, # 616, Chicago, IL 60610 |



Fresh Food 24/7

Place your food order by using the touchscreen kiosk in the Guest Kitchen or contact a Gallery Host.



**HYATT
PLACE**

welcome to a different place.

All Day Gallery Dining Menu

All items available to order 24 hours a day.

| | |
|--------------------------------|------|
| APPETIZERS | |
| Nachos Grande | 9.00 |
| Grilled Chicken Quesadilla | 8.00 |
| Chicken Wings | 6.50 |
| Hot Spinach & Artichoke Dip | 5.50 |
| Tortilla Chips with Salsa | 4.00 |
| SALADS | |
| Grilled Chicken Caesar | 8.00 |
| Chef's Salad | 8.00 |
| Garden Greens | 5.50 |
| SOUPS & CHILI | |
| Roadhouse Chili | 5.50 |
| Broadway Basil & Tomato Bisque | 4.50 |
| Homestyle Chicken & Shells | 4.50 |
| SANDWICHES | |
| Hyatt Place Charburger | 9.00 |
| Oven Roasted Turkey & Swiss | 9.00 |
| Baked Ham & Provolone | 9.00 |
| Turkey Club Wrap | 9.00 |
| Chicken Pesto Ciabatta | 9.00 |
| Buffalo Chicken Wrap | 9.00 |

| | |
|-----------------|------|
| 8" PIZZA | |
| Pepperoni | 8.50 |
| Sausage | 8.50 |
| Cheese | 7.50 |

All major credit cards are accepted or you can charge items to your guest folio by swiping your keycard.

welcome to a different place

Premium Beverages

Unwind at Hyatt Place.

| | |
|---------------------------------|------------|
| SPIRITS | |
| Svedka Vodka | 7.00 |
| Tanqueray Gin | |
| Bacardi Superior Rum | |
| Jose Cuervo Gold Tequila | |
| Dewar's White Label Scotch | |
| Jack Daniel's Tennessee Whiskey | |
| COCKTAILS | |
| Cosmopolitan | 8.00 |
| Mojito | |
| Piña Colada | |
| Appletini | |
| BEER AND WINE | |
| Domestic Beers | 4.00 |
| Specialty Beers | 4.50 |
| Imported Beers | 4.50 |
| House Wines by Michael Mondavi | 6.50/26.00 |
| Featured Wines | 8.25/33.00 |

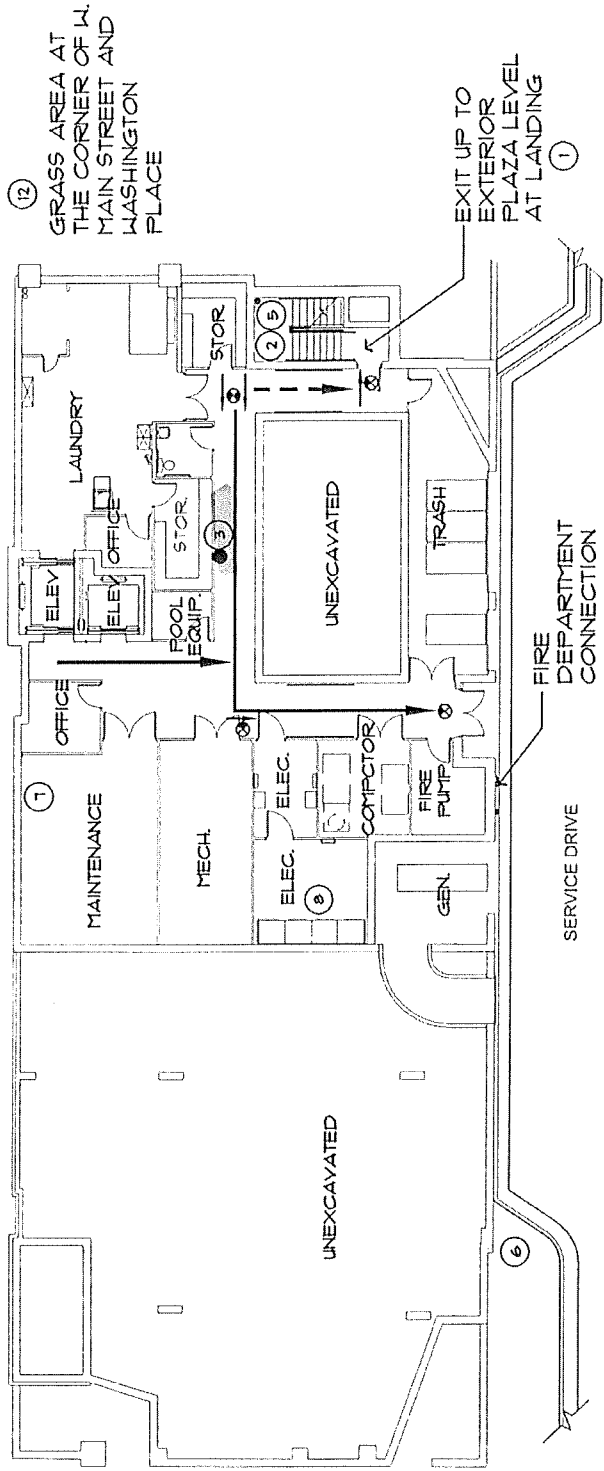
Eggs, etc.

Available from 6 a.m. to 11 p.m.

| | |
|-------------------------------|------|
| Scrambled Eggs & Smoked Bacon | 7.00 |
| Ham & Cheddar Omelet | 7.00 |
| The Gallery Waffle | 4.00 |
| Cinnamon French Toast & Bacon | 7.00 |
| Three-Cheese Omelet | 7.00 |
| Sausage el Burrito | 7.00 |

All major credit cards are accepted or you can charge items to your guest folio by swiping your keycard.

Prices shown include applicable taxes. Hyatt, Hyatt Place, Hyatt Regency, Hyatt Hotels and Hyatt Place are trademarks of Hyatt Corporation. ©2011 Hyatt Corporation. All rights reserved. 051161



A
FIRE EVACUATION PLAN
BASEMENT LEVEL

NO SCALE
 HYATT PLACE
 333 W. WASHINGTON AVENUE
 MADISON, WISCONSIN

PLAN KEYS:

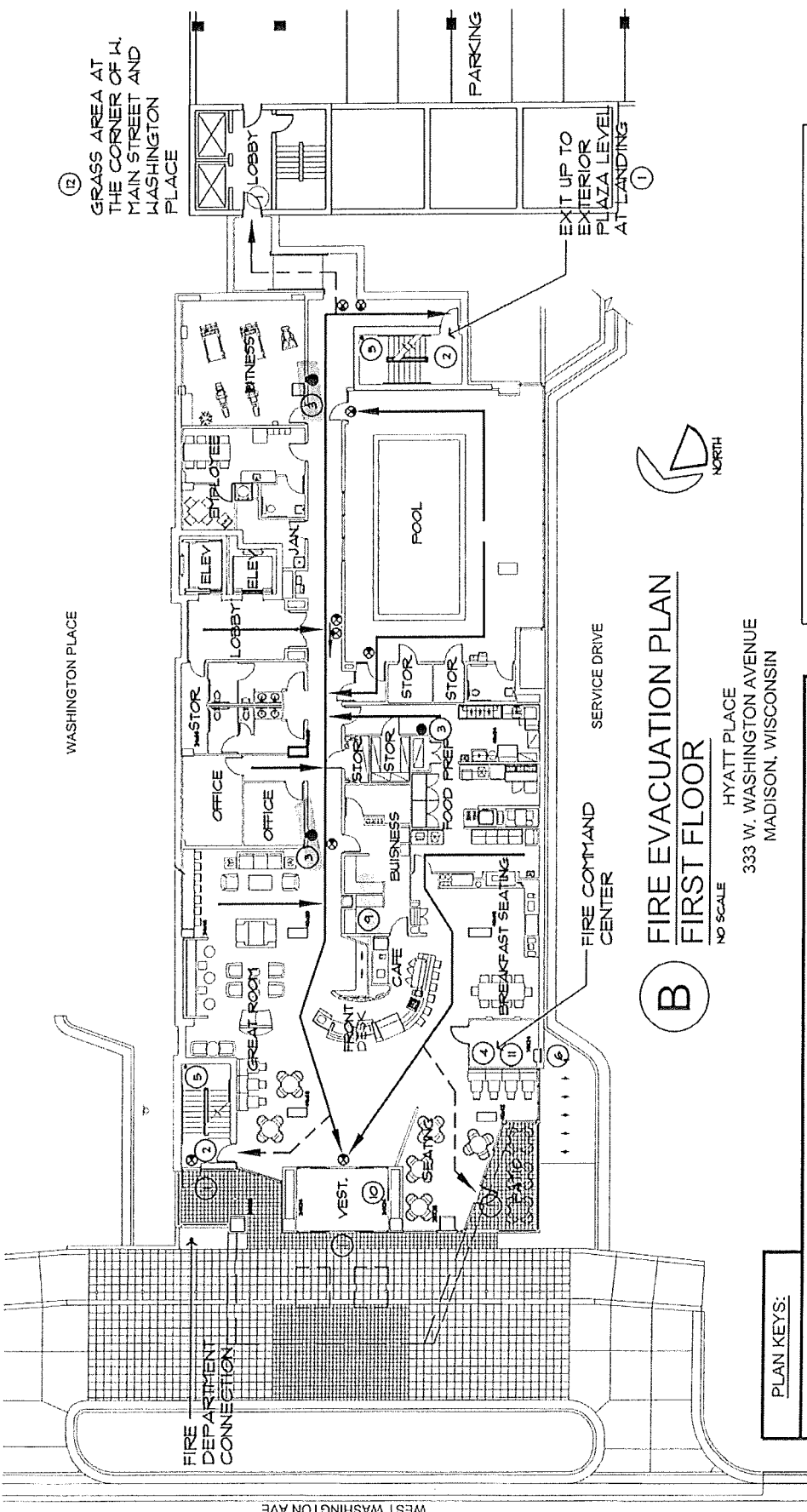
- ① EXITS
- ② STAIRWELLS
- ③ FIRE EXTINGUISHERS
- ④ FIRE COMMAND PANEL, DIALER & POWER SUPPLY
- ⑤ FIRE SPRINKLER RISER AND FIRE DEPARTMENT CONNECTION
- ⑥ MAIN GAS VALVE
- ⑦ MAIN WATER SHUT OFF
- ⑧ ELECTRICAL (POWER) SHUTOFF
- ⑨ DISASTER SUPPLY KIT
- ⑩ REMOTE FIRE ALARM PANEL
- ⑪ FIRE ALARM PANEL
- ⑫ OCCUPANT ASSEMBLY AREA

FOOTPRINT LEGEND

| | |
|--------------------------|-------|
| FIRE EXTINGUISHER | ● |
| EMERGENCY EXIT LIGHT | ⊗ |
| ROUTE TO PRIMARY EXITS | — |
| ROUTE TO SECONDARY EXITS | - - - |

⑫ GRASS AREA AT THE CORNER OF W. MAIN STREET AND WASHINGTON PLACE

EXIT UP TO EXTERIOR PLAZA LEVEL AT LANDING ①



GRASS AREA AT THE CORNER OF W. MAIN STREET AND WASHINGTON PLACE

WASHINGTON PLACE

FIRE DEPARTMENT CONNECTION

WEST WASHINGTON AVE

PARKING

EXIT UP TO EXTERIOR PLAZA LEVEL AT LANDING

FIRE COMMAND CENTER



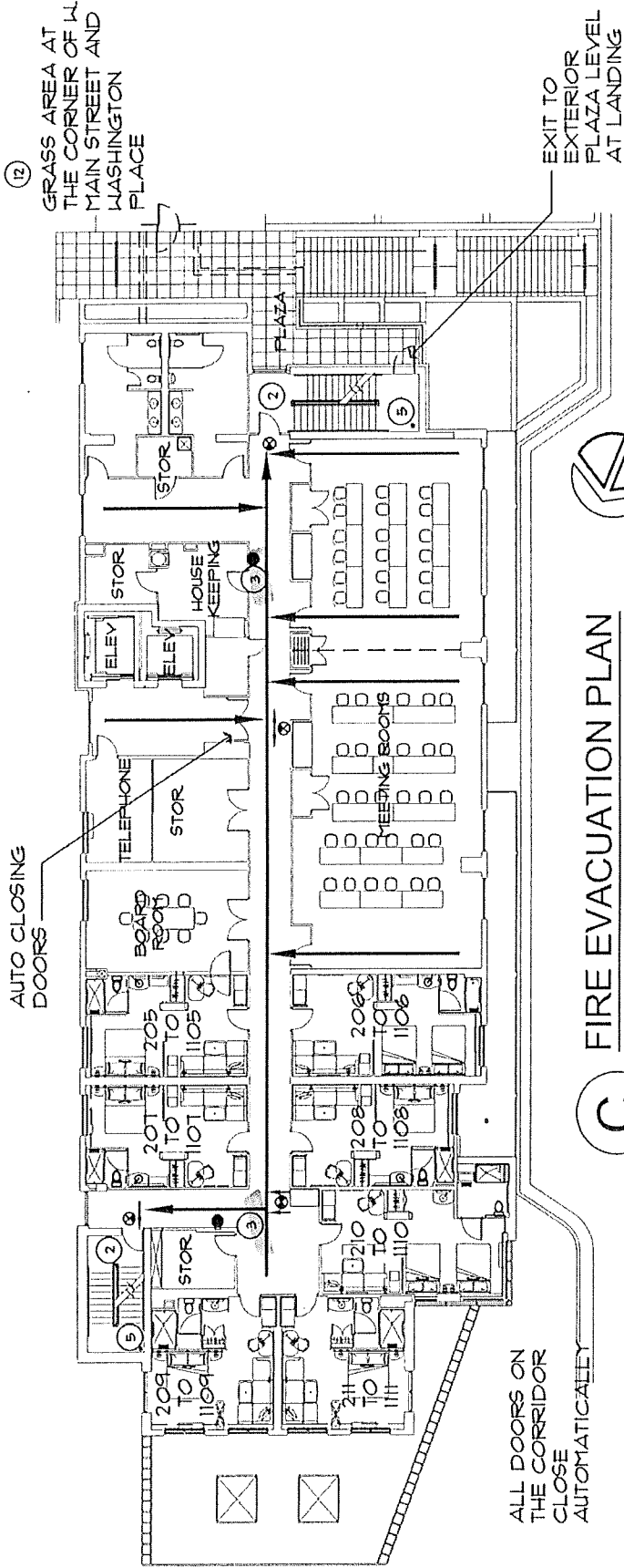
B FIRE EVACUATION PLAN FIRST FLOOR

NO SCALE
 HYATT PLACE
 333 W. WASHINGTON AVENUE
 MADISON, WISCONSIN

PLAN KEYS:

- ① EXITS
- ② STAIRWELLS
- ③ FIRE EXTINGUISHERS
- ④ FIRE COMMAND PANEL, DIALER & POWER SUPPLY
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- ⑪ FIRE ALARM PANEL
- ⑫ OCCUPANT ASSEMBLY AREA

| FOOTPRINT LEGEND | |
|--------------------------|---------|
| FIRE EXTINGUISHER | ● |
| EMERGENCY EXIT LIGHT | ⊗ |
| ROUTE TO PRIMARY EXITS | —— |
| ROUTE TO SECONDARY EXITS | - - - - |



C FIRE EVACUATION PLAN
SECOND FLOOR

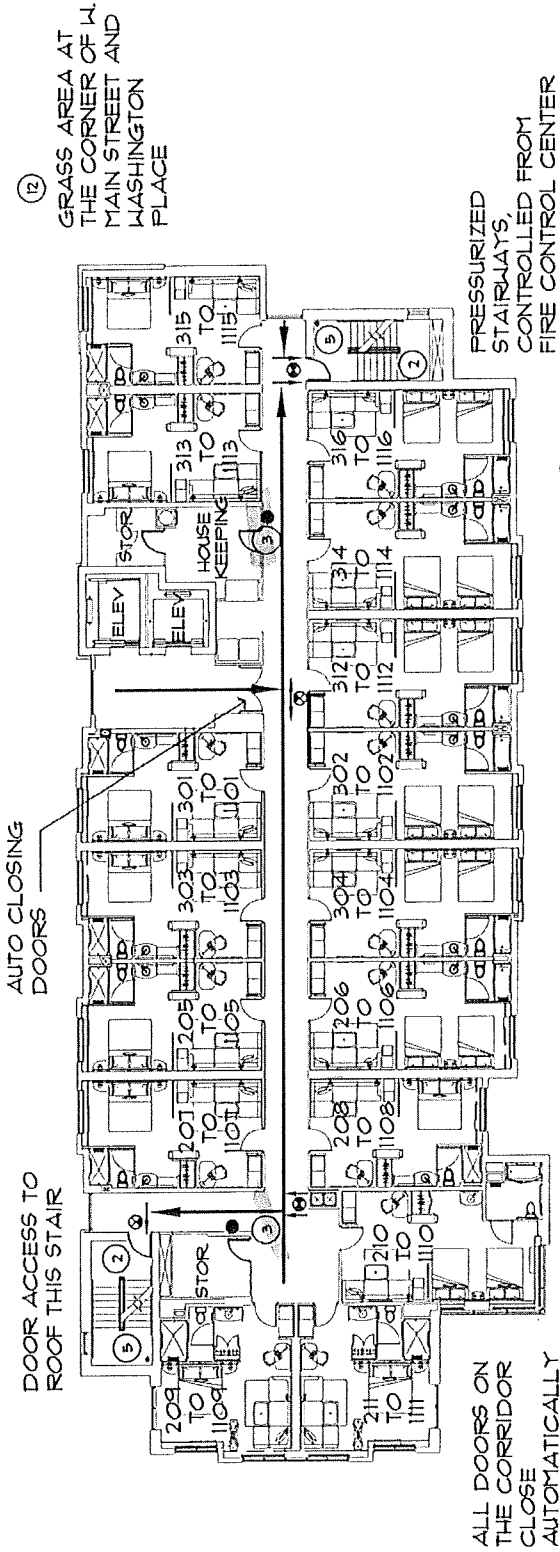
NO SCALE
HYATT PLACE
333 W. WASHINGTON AVENUE
MADISON, WISCONSIN

PLAN KEYS:

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FOOTPRINT LEGEND

| | |
|--------------------------|-------|
| FIRE EXTINGUISHER | ● |
| EMERGENCY EXIT LIGHT | ⊗ |
| ROUTE TO PRIMARY EXITS | — |
| ROUTE TO SECONDARY EXITS | - - - |



FIRE EVACUATION PLAN
3rd. THROUGH 11th. FLOORS

NO SCALE
 HYATT PLACE
 333 W. WASHINGTON AVENUE
 MADISON, WISCONSIN



PLAN KEYS:

- ① EXITS
- ② STAIRWELLS
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FOOTPRINT LEGEND

| | |
|--------------------------|-------|
| FIRE EXTINGUISHER | ● |
| EMERGENCY EXIT LIGHT | ⊗ |
| ROUTE TO PRIMARY EXITS | — |
| ROUTE TO SECONDARY EXITS | - - - |

BUSINESS PLAN

The following business plan represents the Licensee's anticipated business operations and procedures. It is a collection of guidelines that are intended to give the Madison Common Council and the public a good picture of what the Licensee believes the business will look like and how it will operate.

GENERAL

Licensee Name: Select Hotels Group, LLC d/b/a Hyatt Place Madison

Agent's Name: Mark Neubauer

Business Address: 333 West Washington Avenue
Madison, WI 53703

Address to Accept Legal Documents: CSC-Lawyers Incorporating Service Company
8040 Excelsior Drive, Suite 400, Madison, WI 53717

License Type: "Class B" Combination (Beer & Liquor)

PREMISES

Building Owned or Leased: Owned by Hyatt Equities, LLC

Landlord name and address: Hyatt Equities, LLC
71 South Wacker Drive
Chicago, Illinois 60606

Building Capacity: 120 (1st floor); 130 (2nd floor meeting space); 420 (hotel)

Parking Capacity/Availability: Sufficient parking is available – see supplemental form

Anticipated Building Improvements: None

INTERNAL OPERATIONS

Manager, if any: General Manager – Mark Neubauer

Bar Staff Information: Number of staff: varies

Security Staff Information: Number of staff on hand : None.


EXTERNAL OPERATIONS

Hours of Operation: Hotel is open 24 hours; 365 days per year.
Atmosphere: Hotel with food and beverage. No entertainment.
Dress Code:
Food Service: Food will be served from appetizers to full meal entres.

COMMUNITY IMPACT

Neighborhood: We intend to run a high class hotel which will be a positive reflection on the community.
Police Services:
Compliance with Laws: Our hotel and individual staff will be trained on all alcohol beverage laws and regulations, as well as training that encompasses food, food safety, guest, guest concerns etc.

By signing below, I agree that the business plan set forth above accurately represents my policies, procedures, and goals in running my business.

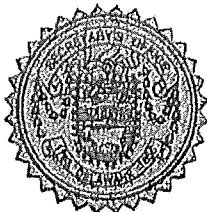
Licensee:  Date: 10/10/11
H. Charles Floyd, President, Select Hotels Group LLC

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "SELECT HOTELS GROUP, L.L.C.", FILED IN THIS OFFICE ON THE TWENTY-SECOND DAY OF DECEMBER, A.D. 2004, AT 2:40 O'CLOCK P.M.



3899952 8100

040932430

Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3571929

DATE: 12-22-04

**CERTIFICATE OF FORMATION
OF
SELECT HOTELS GROUP, L.L.C.**

The undersigned, an authorized natural person, for the purpose of forming a limited liability company, under the provisions and subject to the requirements of the State of Delaware (particularly Chapter 18, Title 6 of the Delaware Code and the acts amendatory thereof and supplemental thereof, and known, identified, and referred to as the "Delaware Limited Liability Act"), hereby certifies that:

1. The name of the limited liability company (hereinafter called the "Company") is:

SELECT HOTELS GROUP, L.L.C.

2. The address of the registered office and the name and the address of the registered agent of the Company required to be maintained by Section 18-104 of the Delaware Limited Liability Act are Corporation Service Company, located at 2711 Centerville Road, Suite 400, in the City of Wilmington, County of New Castle, State of Delaware 19808.

IN WITNESS WHEREOF, the undersigned, an authorized person of the Company, has caused this Certificate of Formation to be duly executed as of the 22nd day of December, 2004.

SELECT HOTELS GROUP, L.L.C.

By: Charmaine Black
Charmaine Black, Authorized Person

*State of Delaware
Secretary of State
Division of Corporations
Delivered 02:45 PM 12/22/2004
FILED 02:40 PM 12/22/2004
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