

CERTIFICATE OF ORGANIZATION EFFECTIVE

(Instructions on back of application)

2010 FEB 23 PM 1: 32

| 1. The name of the limited lies | hilibr aanamaa ias | SEURETARY OF STATE | |
|--|--|---|--|
| 1. The name of the limited liability company is: | | STATE OF IDAHO | |
| | Scoringpoint, LLC | | |
| 2. The complete street and ma | ailing addresses of the initi | al designated/principal office: | |
| | Avenue South, Suite B, Nampa | ı, Idaho 83651 | |
| (Street Address) | same | | |
| (Mailing Address, if different than street | t address) | | |
| 3. The name and complete str | eet address of the register | red agent: | |
| Gayle Chapman | 104 9th Avenue \$ | South, Suite B, Nampa Idaho 83651 | |
| (raine) | (Gliear Addiess) | • | |
| The name and address of a company: | nt least one member or ma | nager of the limited liability | |
| <u>Name</u> | | Address | |
| Gayle Chapman | 104 9th Avenue S | 104 9th Avenue South, Suite B, Nampa, Idaho 83651 | |
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| | | | |
| 5. Mailing address for future c | orrespondence (annual re | port notices): | |
| 104 9th | Avenue South, Suite B, Nampa | ı, idaho 83651 | |
| | | | |
| 6. Future effective date of filing | g (optional): | | |
| | | | |
| Signature of organizer(s). (An org | | | |
| acting in behalf of a member or member | pers). | Secretary of State use only | |
| Signature /al | voorpiforms/LC formstoert_org_lb:PMD Revised 07/2008 | · | |
| Typed Name: Gayle C | Shapman 5 | TRAUN CEMPETADY RE CTATE | |
| | ohsmo 900: | 92/23/2010 95:00 CK: 6102 CT: 245213 BH: 1209375 | |
| Signature | MLC 6 | 1 0 100.00 = 100.00 ORGAN LLC # 2 | |
| Typed Name: | offorms Revise | . (0)005 | |
| | Liocy,t | W90903 | |