

Signature 4.

Typed Name: A. Scott Turlington

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 AUG 21 AM 8: 31

# 50 Y	(Instructions on bac	k of application)		
1. The name	of the limited liability co	••	SECRETARY OF STATE	
	GSA Results, LLC		State of Idaho	
		· · · · · · · · · · · · · · · · · · ·		
2. The comp	•		designated/principal office:	
(Street Addre		Street Ste. 700 Boise, Ida	no 83/02	
<u> </u>				
(Mailing Add	lress, if different than street address)			
3. The name	e and complete street add	dress of the registered	agent:	
	David T. Lahman	000 Mt. Dammals Stine	Ot- 700 D-i-4 Idaha 66700	
(Name)	David T. Lehman	(Street Address)	eet Ste. 700 Boisé, Idaho 83702	
1. The name	e and address of at least	one member or manac	per of the limited liability	
company:		,		
	<u>Name</u>		Address	
	David T. Lehman	802 W. Bannock Stre	eet Ste. 700 Boise Idaho 83702	
	A. Scott Turlington	802 W. Bannock Street Ste. 700 Boise Idaho 83702		
. Mailing ac	dress for future correspo	į.		
	802 W. Bannoo	k Street Ste 700 Boise Idal	no 83/U2	
6. Future effective date of filing (optional):				
). Fulure en	ective date of filing (optio	enal):		
•				
-	rganizer(s). (An organizer is of a member or mambers)	a member, or is		
oung in Deliail (سسب	or a member of mentioers	e	Secretary of State use only	
ignature	Vant John	makent_org_Rc.PMD		
yped Name:	David T. Lehman	, <u> </u>		
- -			IDAHO SECRETARY OF STATE	

IDAHO SECRETARY OF STATE

08/21/2009 05 x 00

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