

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

08 AUG 19 PM 4: 11

The name of the limited liability company is:

SECRETARY OF STATE

The hame of the infined hability comp	STATE OF IDAHO
	eResults LLC
2. The complete street and mailing address	esses of the initial designated/principal office:
3035 West Rega	n Avenue, Boise Idaho 83702
(Street Address)	
(Mailing Address, if different than street address)	
3. The name and complete street address	ss of the registered agent:
Andrea Sorensen	3035 West Regan Avenue, Boise Idaho 83702
(Name)	(Street Address)
The name and address of at least one company:	member or manager of the limited liability
<u>Name</u>	<u>Address</u>
Andrea Sorensen	3035 West Regan Avenue, Boise Idaho 83702
-	
E Madison and Co.	
5. Mailing address for future corresponde	nce (annual report notices):
3035 W. Regan	Ave Boix Dd 83702
	00,02
6. Future effective date of filing (optional):	
5 (5)	
Signature of organization (a)	
Signature of organizer(s). (An organizer is a me	mber, or is
acting in behalf of a member or members).	
Signature / MANA 112 SPINA	Secretary of State use only
Typed Name: Andrea Sorensen	
Typod Haitle	
· ·	IDAHO SECRETARY OF STATE 98/19/2008 05:00 CK: 6835 CT: 228951 BH: 1132265 1 0 100.00 = 100.00 Organ LLC
Signature	08/19/2008 05:00
Typed Name:	CK: 6835 CT: 228951 BH: 1132285

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