

State of Idaho

Office of the Secretary of State

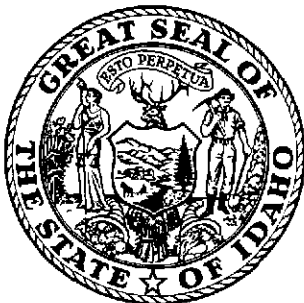
**CERTIFICATE OF REGISTRATION
OF
LINEAR SETTLEMENT SERVICES, LLC**

File Number W 179668

I, LAWRENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: March 8, 2017



Lawrence Denney
SECRETARY OF STATE

By *Beau*



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in duplicate.

2017 MAR -8 PM 3:16

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: Linear Settlement Services, LLC
2. The name which it shall use in Idaho is: _____
(Enter a name here, only if you are required to adopt an alternate name)
3. Select the type of entity you wish to register:

| | |
|---|--|
| <input type="checkbox"/> Business Corporation | <input type="checkbox"/> General Partnership |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> General Cooperative Association |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership) |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust |
- ☐ Other: _____
(Use "Other" only if your foreign entity type is not listed above, and enter the type here.)
4. Jurisdiction of formation: Rhode Island
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:
127 John Clarke Road, Middletown, RI 02842
(Street Address)

(Mailing Address, if different)
6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:
127 John Clarke Road, Middletown, RI 02842
(Street Address)

(Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from Item 5, is:

(Address)
8. The name of the registered agent and street address of registered agent in Idaho:
C T Corporation System, 921 S Orchard Street, Suite G, Boise, Idaho 83705
(Name) (Address)
9. The name, capacity, and mailing address of at least one governor:
John Nathan Chandler, MANAGER, 127 John Clarke Road, Middletown, RI 02842
(Name) (Capacity) (Address)

(Name) (Capacity) (Address)

Signature: _____

Typed Name: John Nathan Chandler

Capacity: Manager

Secretary of State use only

IDAHO SECRETARY OF STATE

03/08/2017 05:00

CK:PREPAID CT:278665 BH:1572610
1@ 100.00 = 100.00 FOR REG ST #2

W179668



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, Secretary of State

Certification Number: 17030012260

*The office of the Secretary of State of the State of Rhode Island and Providence Plantations,
HEREBY CERTIFIES, that*

LINEAR SETTLEMENT SERVICES, LLC

a Rhode Island limited liability company, filed original articles of organization in this office on

February 10, 2016

Effective

February 10, 2016

*IT IS FURTHER CERTIFIED that as of this date said limited liability company is duly organized
and existing under and by virtue of the laws of the State of Rhode Island and is in good
standing according to the records of this office.*

SIGNED AND SEALED ON

Friday, March 03, 2017

Secretary of State

Authorized Agent

