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# **CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2010 FEB 25 PM 2:05

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

**GOODRATINGS RESEARCH SERVICES, LLC**

2. The complete street and mailing addresses of the initial designated/principal office:

9071 W LITTLEWOOD DR BOISE, ID 83709

(Street Address)

SAME AS ABOVE

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

**CARLIE MASON**

(Name)

9071 W LITTLEWOOD DR BOISE, ID 83709

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

CARLIE MASON

Address

9071 W LITTLEWOOD DR BOISE, ID 83709

5. Mailing address for future correspondence (annual report notices):

SAME

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Carlie Mason

Typed Name:

CARLIE MASON

Secretary of State use only

Signature

 

Typed Name:

 

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Revised 03/2008

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02/25/2010 05:00  
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