

DATE: 10/09/2009 DOCUMENT ID 200928200232

DESCRIPTION REG. OF FOR, PROFIT LIM, LIAB, CO. (LEP) FILING 125.00

EXPED 100.00 PENALTY .00

CERT

COPY .00

Receipt

This is not a bill. Please do not remit payment.

CT CORPORATION SYSTEM
4400 EASTON COMMONS WAY, SUITE 125
ATTN: TIMOTHY ROBERSON
COLUMBUS, OH 43219

## STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1888244

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

EAN SERVICES, LLC

and, that said business records show the filing and recording of:

Document(s)

REG. OF FOR. PROFIT LIM. LIAB. CO.

Document No(s):

200928200232



United States of America State of Ohio Office of the Secretary of State Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 8th day of October, A.D. 2009.

Ohio Secretary of State



## Prescribed by:

The Ohio Secretary of State Central Ohio: (614) 466-3910 Toll Free: 1-877-SOS-FILE (1-877-767-3453) Expedite this Form: (Select One)

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(CHECK ONLY ONE (1) BOX)

## REGISTRATION OF A FOREIGN LIMITED LIABILITY COMPANY Filing Fee \$125.00

THE UNDERSIGNED DESIRING TO FILE A:

(1) Registration of a Liability Company	Foreign For-Profit Limited	(2) Registration of a Limited Liability	a Foreign Nonprofit					
(106-LFA)	•		-LFA)					
ORC 1705			C 1705					
State of Organization Delaware		State of Organization						
Date of Formation	9/25/2007	Date of Formation						
Name of limited liability of	company in its state of organization	EAN	Services, LLC					
Name under which the for name) is:	oreign limited liability company desi	res to transact business in Ohi	o (if different from its home-state					
Name must inclu	de one of the following words or abbreviation	ons: "limited liability company," "limite	d," "LLC," "L.L.C.," "ltd.," or "ltd"					
Check here if addition	Check here if additional provisions are attached							
The address to which int agreement, bylaws, or of	erested persons may direct reques her charter documents of the comp	ts for copies of the limited liabi any is:	lity company's operating					
<u></u>		Mary K. DeLassus						
Name								
	60	0 Corporate Park Dr.						
Street Address /	P.O. Box Address	O COIPOIAIS I AIR DI.	***************************************					
	Oh A saida							
City	St. Louis	Missouri	63105					
2,		State	Zip code					

Name   1300 East 9th Street			CT	Corporation System	
Cleveland  City  State  Tap Code  If the agent is an individual and using a P.O. Box, check this box to certify the agent is a resident of the state of Ohio.  Imited liability company irrevocably consents to service of process on the agent listed above as long as uthority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:  a. an agent is not appointed, or b. an agent is appointed but the authority of that agent has been revoked, or c. the agent cannot be found or served after the exercise of reasonable diligence.  REQUIRED cles and original state (signed) by a mber, manager or ar representative.  Mark I. Littow  Print Name  Signature  Date		Name		Oorporation System	
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Signature Date			Print Name	I. Litow	Date
		Print Name			
Print Name			Signature		Date
			Print Name		