Filing Fee:	\$150.00	ID Number:



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, I956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1.	The name of the limited liability company is:					
	Mercer PS Benefits Valuation Services LLC	700 CI (1.			
2.	The name, if different, under which it proposes to register and transact business in Rhode Island is:	E All Commontes	:			
3.	The limited liability company is organized under the laws of Delaware	, <u>, , , , , , , , , , , , , , , , , , </u>				
4.	The date of its organization is 09/27/2010		-			
5.	The period of duration of the limited liability company is (if perpetual, so state) Perpetual					
6.	The address of the limited liability company's resident agent in Rhode Island is:					
	155 South Main Street, Suite 301 Providence , RI 0290	3				
	(Street Address, <u>not</u> P.O. Box) (City/Town)	(Zip Code)				
	and the name of the resident agent at such address is C T Corporation System (Name of Agent)					
7.	The secretary of state is appointed the agent of the foreign limited liability company for service of time there is no resident agent or if the resident agent cannot be found or served following the exercise diligence.	process if a	at any nable			
8.	The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:					
	1166 Avenue of the Americas, New York, NY 10036					
9.	The mailing address for the limited liability company is:					
	1166 Avenue of the Americas, New York, NY 10036					

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By 12/16

10.	Management of the Limited Liabili	ty Company:
A.	The limited liability company is to l	be managed X by its members. (If you have checked this box, go to Item
		<u>or</u>
В.	The limited liability company is t company has managers at the address of each manager.)	o be managed by one (1) or more managers. (If the limited liability time of the filling of these Articles of Organization, state the name and
	<u>Manager</u>	<u>Address</u>
	,	
	the data with the same of the	
11. Thi aut	s application is accompanied by a chorized officer of the jurisdiction und	certificate of good standing duly authenticated by the secretary of state or other der which the foreign limited liability company was organized.
		Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments and that all statements contained herein are true and correct.
Date:	9/28/2010	Mercer PS Benefits Valuation Services LLC
_		Print Exact Name of Limited Liability Company Making Application
		By Susie & Dare
		Signature of authorized person
		Susie S. Dare

MERCER PS BENEFITS VALUATION SERVICES LLC

(Delaware)

•	The sole member is Mercer (US) Inc., a Delaware corporation with principal			
	offices located at 1166 Avenue of the Americas, New York, NY 10036			
	-			

Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MERCER PS BENEFITS VALUATION

SERVICES LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO

FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH

DAY OF SEPTEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MERCER PS BENEFITS VALUATION SERVICES LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2010.

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Jeffrey W. Bullock, Secretary of State **AUTHENTICATION:** 8256925

DATE: 09-28-10

You may verify this certificate online at corp.delaware.gov/authver.shtml