

1.) CORPORATION NAME:

**bill.com, inc.**

DUE DATE: **11/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**INCORPORATING SERVICES LTD  
7288 HANOVER GREEN DR  
MECHANICSVILLE, VA**

SCC ID NO: **F1980145**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	90,000,000
COMA	5,466,667
COMB	21,835,524

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HANOVER COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1810 Embarcadero Road

CITY/ST/ZIP: Palo Alto, CA 94303

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: RENE LACERTE TITLE: PRESIDENT ADDRESS: 1810 EMBARCADERO RD CITY/ST/ZIP/CO: PALO ALTO, CA 94303</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JOHN RETTIG TITLE: SECRETARY ADDRESS: 1810 EMBARCADERO RD CITY/ST/ZIP/CO: PALO ALTO, CA 94303</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: THOMAS BLAISDELL TITLE: DIRECTOR ADDRESS: 2420 SAND HILL RD., STE 200 CITY/ST/ZIP/CO: MENLO PARK, VA 94025</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: BRIAN JACOBS TITLE: DIRECTOR ADDRESS: 160 BOVET RD., STE 300 CITY/ST/ZIP/CO: SAN MATEO, CA 94402</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MARK JOHNSON TITLE: DIRECTOR ADDRESS: 1230 PEACHTREE ST., #1150 CITY/ST/ZIP/CO: ATLANTA, GA 30309</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: THOMAS MAWHINNEY TITLE: DIRECTOR ADDRESS: 505 HAMILTON AVE., STE 310 CITY/ST/ZIP/CO: PALO ALTO, CA 94301</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: RORY O'DRISCOLL TITLE: DIRECTOR ADDRESS: 950 TOWER LN., STE 700 CITY/ST/ZIP/CO: FOSTER CITY, CA 94404	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: STEVEN PIAKER TITLE: DIRECTOR ADDRESS: 399 PARK AVE CITY/ST/ZIP/CO: 7TH FL NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JOHN RETTIG	JOHN RETTIG, SECRETARY	11/18/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.