



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

10 OCT 28 AM 8:41

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Northwest Safety Training Service LLC.

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

2819 Quail Meadow Loop, Caldwell, ID 83605

(Street Address)

P.O. Box 1586, Caldwell, ID 83606

(Mailing Address, if different than street address)

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

Timothy R. Schaap

(Name)

2819 Quail Meadow Loop, Caldwell, ID 83605

(Street Address)

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

**Name**

**Address**

Timothy R. Schaap

2819 Quail Meadow Loop, Caldwell, ID 83605

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

P.O. Box 1586, Caldwell, ID 83606

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

*Timothy R. Schaap*

Typed Name: Timothy R. Schaap

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
10/28/2010 05:00  
CK: 7550 CT: 177613 BH: 1244963  
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