



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2012 MAY 25 PM 4:48

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Protection First LLC

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

2720 Polaris St Caldwell ID 83605
(Street Address)

(Mailing Address, if different than street address)

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

James Repacon
(Name)

2720 Polaris St Caldwell ID
83605
(Street Address)

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

James Repacon
Name

2720 Polaris St Caldwell ID
83605
Address

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

2720 Polaris St Caldwell ID 83605

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: James B. Repacon

Signature _____

Typed Name: _____

Secretary of State use only

IDaho SECRETARY OF STATE
05/29/2012 05:00
CK: CASH CT: 270029 BH: 1325788
1 @ 100.00 = 100.00 ORGAN LLC # 2