	ES OF ORGANIZATION D LIABILITY COMPANY
(Instr	ructions on back of application)
1. The name of the limited lia	ability company is: <u>SafeWest LLC</u>
	egistered office is: Jared Grover
2. The address of the initial re	-
555 S. Curtis Rd	$\frac{1}{1}$ $\frac{1}$
agent at that address is:	Jared Grover
Signature of registered age	ent: Jarce AJ Court
3. Is management of the limite	ed liability company vested in a manager or managers?
	es X NO (check appropriate box)
least one initial manager. If address(es) of at least one i	
Jared Grover	<u>Address:</u>
	555 S. Curtis Rd #4 Bre ID
Bobby Kaber	<u>412 F 41.57 Suite D Big D83</u>
Apex Alarm	580 South State, Orm, Utah 84058
<u> </u>	
5. Signature of at east one pe	
5. Signature of at least one pe	
	IDASE SECRETARY OF STATE USE ONly
	CK: 126 CT: 110159 BH: 181947
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	1228.60 = 28.60  CORP SUR # 3
	Vermon U 1007

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