

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2013 SEP 16 AM 9: 15

| 1. | The name of the limited liability com | npany is: | SECRETARY CONSTATE STATE OF IDAHO |
|--|--|--------------------------------|--------------------------------------|
| | Firearm Safety Solutions, LLC | | UAHO |
| 2. | The complete street and mailing addresses of the initial designated office: 121 Meadowlark Drive, Sagle, Idaho 83860 | | |
| | (Street Address) P.O. Box 1353, Sagle, Idaho 83860 (Mailing Address, if different than street address) | | |
| 3. | The name and complete street address of the registered agent: | | |
| | Eddo Hans Feyen III | 121 Meadowlark Drive, Sagle, k | daho 83860 |
| | (Name) | (Street Address) | |
| 4. | The name and address of at least one member or manager of the limited liability company: Name Address | | |
| | Eddo Hans Feyen III | 121 Meadowlark Drive, Sagle, k | |
| | | | |
| 5. | Mailing address for future correspon P.O. Box 1353, Sagle, Idaho 83860 | dence (annual report notices | s): |
| 6. Future effective date of filing (optional): | | | |
| _ | nature of a manager, member or | authorized | |
| • | son. | Secre | etary of State use only |
| _ | nature 144 as | | |
| Typ | ed Name: Eddo Hans Feyen III | | |

IDAHO SECRETARY OF STATE

09/16/2013 05:00

CK: 19892253701 CT: 287579 BH: 1398231
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Signature_____

Typed Name: _____