



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JUN 16 AM 9:21

1. The name of the limited liability company is:

SECRETARY OF STATE
STATE OF IDAHO

Emergency Services Training L.L.C.

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

121 E. 38th st, #107, Garden City, Id 83714
(Street Address)

5472 N. Riffle Way, Boise Id 83714
(Mailing Address, if different than street address)

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

Peter M.E. Schaumburg 5472 N. Riffle Way, Boise Id 83714
(Name) (Street Address)

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

Name	Address
<u>Peter M.E. Schaumburg</u>	<u>5472 N. Riffle Way, Boise Id 83714</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

Peter M.E. Schaumburg 5472 N. Riffle way Boise Id 83714

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

Signature of a manager, member or authorized person.

Signature Peter M.E. Schaumburg
Typed Name: Peter M.E. Schaumburg

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
06/16/2011 05:00
CK: 1023 CT: 259040 DH: 1270637
1 @ 100.00 = 100.00 ORGAN LLC # 2

W/104258