



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

10 JUL 16 AM 10: 12

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Onsite Fire Protection, LLC

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

2190 S Centurion Place Boise, ID 83709

(Street Address)

1138 N Torrey Pines Ave Eagle, ID 83616

(Mailing Address, if different than street address)

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

John Stuart Meier

(Name)

1138 N Torrey Pines Ave Eagle, ID 83616

(Street Address)

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

Name

John Sturart Meier

Address

1138 N Torrey Pines Ave Eagle, ID 83616

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

1138 N Torrey Pines Ave Eagle, ID 83616

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

Signature of a manager, member or authorized person.

Signature John S. meier

Typed Name: John S. meier

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/16/2010 05:00
CK: CASH CT: 161915 BH: 1230997
1 @ 100.00 = 100.00 ORGAN LLC #

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