

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 DEC 16 AM II: 08

| (mod dodorio ori  | back of application,                  |   |
|---|---------------------------------------|---|
| 1. The name of the limited liability                              | company is:                           | SECRETARY OF STATE STATE OF IDAHO                               |
| SAFETY SOLL   | TYONS, LLC                            |   |
| 2. The complete street and mailin                                 |                                       | designated/principal office:                                    |
| 3210 E. CHINDEN<br>(Street Address)                               | •                                     |   |
| EAGLE TO 83610<br>(Mailing Address, if different than street addi | ess)                                  |   |
| . The name and complete street                                    | address of the registered             | d agent:  |
| Lov Topess<br>(Name)  | 3710 E. CHIND<br>(Street Address)     | en blud to each to  |
| . The name and address of at leacompany:                          | ast one member or mana                |   |
| Name  |                                       | Address   |
| SUE POYRALL   |                                       |   |
| ·   | SZ 10 E. CHINE                        | 83616   |
|   | EAGLE TO                              | 83616   |
| LOU TORNES  | 3210 E.CHINA                          | 000 QUE #115  |
|   |                                       |   |
|   |                                       |   |
| . Mailing address for future corre                                | spondence (annual repo                | rt notices):  |
| 3210 E. CHINDEN BUYE  | · · · · · · · · · · · · · · · · · · · |   |
|   | ·                                     |   |
| . Future effective date of filing (o                              | ptional):                             |   |
| gnature of organizer(s). (An organize                             | er is a member, or is                 |   |
| ting in behalf of a member or members)                            | ·                                     | Secretary of State use only                                     |
| ignature //   | OMP.                                  |   |
| yped Name: Louis 5 Torre  | S.TR.                                 | W79439  |
|   |                                       | IDANO SECRETARY OF STATE<br>12/16/2008 05:00                    |
| ignature Quet Clel  | ornelle form                          | CX: CASH CT: 232268 BH: 11484.<br>1 9 188.80 = 188.88 ORGAN LLC |
| yped Name: <i>5ue</i> Royak                                       | 2//                                   |   |