



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 FEB -7 AM 9:25

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Technical Fire Systems, LLC

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

287 Shortline Suite 101 Kuna, ID 83634

(Street Address)

(Mailing Address, if different than street address)

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

Clarence McLain

(Name)

287 Shortline Suite 101 Kuna, ID 83634

(Street Address)

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

Name

Address

Clarence McLain

287 Shortline Suite 101 Kuna, ID 83634

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

287 Shortline Suite 101 Kuna, ID 83634

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature C. McLain

Typed Name: Clarence McLain

Signature _____

Typed Name: _____

Secretary of State use only