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FILED EFFECTIVE



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 JUN 13 PM 2: 03

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

US TRAINING AND SAFETY SOLUTIONS, LLC

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

926 OXBOW LN. IDAHO FALLS, ID 83404

(Street Address)

(Mailing Address, if different than street address)

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

PETER C. ITALIANO

(Name)

926 OXBOW LN. IDAHO FALLS, ID 83404

(Street Address)

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

Name

Address

PETER C. ITALIANO

926 OXBOW LN. IDAHO FALLS, ID 83404

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

926 OXBOW LN. IDAHO FALLS, ID 83404

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: PETER C. ITALIANO

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

06/13/2014 05:00

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