

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
<u>PETER C. ITALIANO</u>	<u>926 OXBOW LN. IDAHO FALLS, ID 83404</u>
_____	_____
_____	_____
_____	_____

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 *Peter C Italiano*  
Typed Name: PETER C. ITALIANO

Signature \_\_\_\_\_  
Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
**06/13/2014 05:00**  
CK:1974646 CT:172099 BH:1429146  
1@ 100.00 = 100.00 ORGAN LLC #2

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