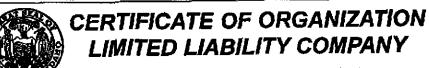
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(Instructions on back of application)

2014 JUN 13 PM 2: 43

SECRETARY OF STATE STATE OF IDAHO

| US TRAINING AND SAFETY SOL | ity company is: UTIONS, LLC |
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| | |
| | ng addresses of the initial designated office: |
| 926 OXBOW LN. IDAHO FALLS, (Street Address) | 10 00+04 |
| • | |
| (Mailing Address, If different than street ad | |
| The name and complete stree | et address of the registered agent: |
| PETER C. ITALIANO | 926 OXBOW LN. IDAHO FALLS, ID 83404 |
| (Name) | (Street Address) |
| company: Name PETER C. ITALIANO | Address 926 OXBOW LN. IDAHO FALLS, ID 83404 |
| 1 ETERO, HITCHARD | |
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| A.B. (III.) Library for finite management | weenondenes (control report notices): |
| | rrespondence (annual report notices): a. ID 83404 |
| Mailing address for future cor 928 OXBOW LN. IDAHO FALLS | |
| 928 OXBOW LN. IDAHO FALLS | |
| 928 OXBOW LN. IDAHO FALLS | i, ID 83404 |
| 928 OXBOW LN. IDAHO FALLS Future effective date of filing | (optional): |
| 928 OXBOW LN. IDAHO FALLS Future effective date of filing mature of a manager, mem | (optional): |
| 928 OXBOW LN. IDAHO FALLS Future effective date of filing Inature of a manager, mem son. | (optional):ber or authorized |
| 926 OXBOW LN. IDAHO FALLS Future effective date of filing grature of a manager, mem son. | (optional): ber or authorized Secretary of State use only |
| 928 OXBOW LN. IDAHO FALLS Future effective date of filing Inature of a manager, mem son. | (optional): ber or authorized Secretary of State use only |

9/21/2012

Typed Name: _

carl_org_lic Rev. 07/2010

10 100.00 = 100.00 ORGAN LLC #2

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