



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

08 AUG 27 AM 8:20

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Specialized Protection Services L.L.C.

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

1659 Vista Dr. Twin Falls, Idaho 83301

(Street Address)

(Mailing Address, if different than street address)

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

Chris Koons

1659 Vista Dr. Twin Falls, Idaho 83301

(Name)

(Street Address)

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

Name

Address

Chris Koons

1659 Vista Dr. Twin Falls, Idaho 83301

Garth York

520 Palamino Dr. Filer, Idaho 83328

Nathan Breeding

1285 West 200 South Murtagh, Idaho 83344

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

1659 Vista Dr. Twin Falls, Idaho 83301

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Chris Koons

Typed Name: Chris Koons

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
08/27/2008 05:00
CK: 905519 CT: 229188 BH: 1133290
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