

# State of Idaho

Office of the Secretary of State

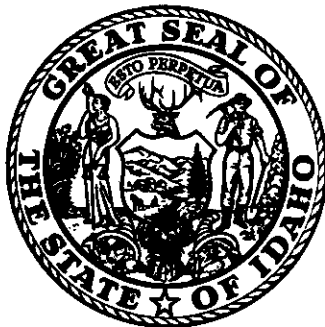
**CERTIFICATE OF AUTHORITY  
OF  
LIVEFREE EMERGENCY RESPONSE, INC.**

File Number C 200251

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Business Corporation Act, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: November 12, 2013



*Ben Yursa*

SECRETARY OF STATE

By

*[Signature]*



# APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

2013 NOV 12 AM 9:22

SECRETARY OF STATE  
STATE OF IDAHO

The undersigned Corporation applies for a Certificate of Authority and states as follows:

1. The name of the corporation is:

LiveFree Emergency Response, Inc.

2. The name which it shall use in Idaho is: LiveFree Emergency Response, Inc.

3. It is incorporated under the laws of: Delaware

4. Its date of incorporation is: 10/09/2009

5. The address of its principal office is:

901 Pier View Dr. Suite 206, Idaho Falls, ID 83402

6. The address to which correspondence should be addressed, if different from item 5, is:

7. The street address of its registered office in Idaho is: 901 Pier View Dr., Ste 206 Id. Falls, ID 83402

and its registered agent in Idaho at that address is: Joshua K. Chandler

8. The names and respective business addresses of its directors and officers are:

Name	Title	Business Address
<u>Joshua K. Chandler</u>	<u>President/Director</u>	<u>901 Pier View, Ste 206, Id. Falls, ID 83402</u>
<u>Jacob H. Chandler</u>	<u>CEO/Director</u>	<u>901 Pier View Ste 206, Id Falls, ID 83402</u>
<u>Brian Hyte</u>	<u>CTO/Director</u>	<u>901 Pier View Ste 206, Id Falls, ID 83402</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dated: 10/25/2013

Signature: \_\_\_\_\_

Typed Name: Joshua K. Chandler

Capacity: President

[The signer must be a director or an officer of the corporation.]

Customer Acct # :

(if using pre-paid account)

Secretary of State use only

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Revised 06/2005

IDAHO SECRETARY OF STATE  
11/12/2013 05:00  
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Web Form

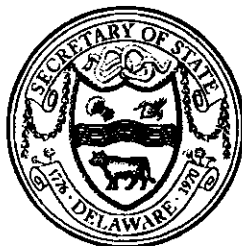
C200251

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIVEFREE EMERGENCY RESPONSE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2013.



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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0848635

DATE: 10-28-13