

Signature

Typed Name:

Fred DePold

Signature Typed Name:

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

09 NOV 17 AM 8: 35

(Instructions on back of application) SECRETARY OF STATE STATE OF IDAHO 1. The name of the limited liability company is: Safety Center LLC The complete street and mailing addresses of the initial designated/principal office: 3313 W Cherry Lane Suite #535 Meridian, Idaho 83642 (Street Address) (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Fred DePold 3313 W Cherry Lane Suite #535 Meridian, Idaho 83642 (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name Address 3313 W Cherry Lane Suite #535 Meridian, Idaho 83642 Fred DePold Lisa OsePold 5. Mailing address for future correspondence (annual report notices): 3313 W Cherry Lane Suite #535 Meridian, Idaho 83642 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). Secretary of State use only