

**EXHIBIT A**

**Amended Secretary of State Certificate**



# SOS

Office of the Secretary of State  
Corporations & Charities Division

Filing Fee: \$30

With Expedited Service: \$80

02/16/16 3109389-002
\$390.00 R
FILED lid: 3181538
SECRETARY OF STATE
February 16, 2016
STATE OF WASHINGTON
For office-use only

## FOREIGN REGISTRATION AMENDMENT

SEE INSTRUCTIONS BEFORE COMPLETING FORM - TYPE OR PRINT ALL INFORMATION IN DARK INK

### 1. Entity Information

Entity Name (as recorded with WA Sec. of State): Intrado Communications Inc.		UBI# (if applicable): 602141225
New Entity Name (if different than above): West Safety Communications Inc.		
If above name not available, name to be used in WA:		
Current Jurisdiction of Formation (State or Country): Delaware	New Jurisdiction of Formation:	
Current Entity Type (if LP, indicate whether entity is an LLLP): Corporation	New Entity Type (if LP, indicate whether entity is an LLLP):	

### 2. Principal Office Information (must be completed if changed from current)

Street Address of Principal Office:		
City:	State:	Zip:
Mailing Address of Principal Office (if different than above):		
City:	State:	Zip:
Street Address of Required Office in Home Jurisdiction (if applicable):		
City:	State:	Zip:
Mailing Address of Required Office in Home Jurisdiction (if different than above):		
City:	State:	Zip:




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### 3. Registered Agent Information (must be completed if amending Registered Agent Information):

Registered Agent is a: <input type="checkbox"/> Commercial Registered Agent <input type="checkbox"/> Non-Commercial Registered Agent <i>(select one)</i>			
Current or New Registered Agent Name:			
Physical Address in WA (required if non-commercial registered agent):			
City:	State: WA	Zip:	
Mailing Address in WA (optional):			
City:	State: WA	Zip:	
<b>CONSENT TO SERVE AS REGISTERED AGENT:</b>			
I consent to serve as Registered Agent in the State of Washington for the above named entity. I understand it will be my responsibility to accept Service of Process on behalf of the entity; to forward mail to the entity; and to immediately notify the Office of the Secretary of State if I resign or change my address.			
Signature (required if agent has changed)	Print Name	Title	Date

### 4. Executor Information

This record is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.			
			
	David C. Mussman	Secretary	2-8-2016
Signature (required)	Print Name	Title	Date

RETURN COMPLETED FORM AND PAYMENT TO:

801 Capitol Way S  
PO Box 40234  
Olympia, WA 98504

All fees are non-refundable.  
All payments must be in US currency or  
drawn on a US bank.  
Make checks and Money Orders payable to:  
Secretary of State