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State of New Hampshire

DEPARTMENT OF SAFETY
JAMES H. HAYES BLDG. 33 HAZEN DR.
CONCORD, N.H. 03305
(603) 271-2791

ROBERT L. QUINN
COMMISSIONER

EDDIE EDWARDS
ASSISTANT COMMISSIONER

STEVEN R. LAVOIE
ASSISTANT COMMISSIONER

April 2, 2024

His Excellency, Governor Christopher T. Sununu
and the Honorable Executive Council
State House
Concord, NH 03301

REQUESTED ACTION

Authorize the Department of Safety, Division of Fire Standards & Training, and Emergency Medical Services (FSTEMS) to enter into a grant agreement with FlightBridgeED, LLC (VC#483617-B001), Bowling Green, KY 42103 in the amount of $17,000.00 to provide training related to critical certification preparation. Effective upon Governor and Council approval through May 31, 2024. 100% Federal Grant.

Funds are available in FY 2024.

Activity Code: 2370

	SFY 2024
02-23-23-237010-33400000 – Dept. of Safety – FSTEMS - Fire Standards & Training Grant	
103-502664 Contracts for Operations Serv	$17,000.00
Activity Code#23EMSRH202	

EXPLANATION

The purpose of this agreement is to procure a full set of services for the provision of training related to critical care certification preparation through FSTEMS. This training is specific to increasing the knowledge base of licensed New Hampshire EMS providers to prepare them for the specialized transfer of critically injured and acutely sick patients. In addition, these courses will prepare them for Board Certification testing in critical care and flight paramedic specialties, both of which are much needed to support transport in the State.

FSTEMS posted an RFP on the State's Purchase and Property website from December 5, 2023, through December 20, 2023. FlightBridgeED, LLC was the only vendor that submitted a proposal.

Respectfully submitted,

Robert L. Quinn
Commissioner of Safety

BID SUMMARY FOR REQUEST FOR PROPOSAL	
RFP # RFP DOS 2024-006	SERVICES BID: Training related to Critical Care Certification Prep
DATE POSTED: 12/5/2023	DATE CLOSED: 12/20/2023

RFP SCORING SUMMARY				
RFP CRITERIA	MAX # OF PTS	VENDOR NAME COMPLIANT	VENDOR NAME COMPLIANT	VENDOR NAME NON-COMPLIANT
		FlightBridgED, LLC		
1. Technical Proposal	50	50		
2. Price Proposal	50	50		
TOTAL POINTS	100	100		

DEFINITIONS OF EACH SCORING CRITERIA
1. Technician Proposal: evaluating compliance of the minimum requirements as set forth in Section 2 of the RFP.
2. Price Proposal: evaluating price proposal as outlined in Section 6 of the RFP.

EVALUATION COMMITTEE MEMBERS AND QUALIFICATIONS	
NAME AND POSITION TITLE OF EVALUATOR	EVALUATOR'S QUALIFICATIONS
Justin Romanello	Bureau Chief, Division of Fire Standards & Training and Emergency Medical Services
Maria Varanka	EMS Training Coordinator, Division of Fire Standards & Training and Emergency Medical Services
Matthew Robblee	Program Specialist III, Division of Fire Standards & Training and Emergency Medical Services
Jeffrey Phillips	Assistant Director, Division of Fire Standards & Training and Emergency Medical Services

FORM NUMBER P-37 (version 2/23/2023)

Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name Department of Safety, Division of Fire Standards & Training and Emergency Medical Services		1.2 State Agency Address 33 Hazen Drive, Concord, NH 03305	
1.3 Contractor Name FlightBridgeED, LLC		1.4 Contractor Address 996 Wilkinson Trace Ste 44, Bowling Green, KY 42103	
1.5 Contractor Phone Number 800-991-3160	1.6 Account Unit and Class 02-23-23-237010-33400000-103	1.7 Completion Date 5/31/2024	1.8 Price Limitation $17,000.00
1.9 Contracting Officer for State Agency Director Amy L. Newbury		1.10 State Agency Telephone Number 603-223-8020	
1.11 Contractor Signature Date: 4/18/2024		1.12 Name and Title of Contractor Signatory ERIC BAUER President & Chief Executive Officer	
1.13 State Agency Signature Date: 4/3/24		1.14 Name and Title of State Agency Signatory Director Amy L. Newbury	
1.15 Approval by the N.H. Department of Administration, Division of Personnel *(If applicable)* By:		Director, On:	
1.16 Approval by the Attorney General (Form, Substance and Execution) *(If applicable)* By: Colin P. Carroll, Esq.		On: 04/17/24	
1.17 Approval by the Governor and Executive Council *(If applicable)* G&C Item number:		G&C Meeting Date:	

Emily Kaitlin Crowder
NOTARY PUBLIC
STATE AT LARGE
KENTUCKY
ID. # KYNP82342
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Contractor Initials
Date 4-18-24

2. SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT B which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed.

3.3 Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds. In no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope for Services provided in EXHIBIT B, in whole or in part, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT C which is incorporated herein by reference.

5.2 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8. The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 The State's liability under this Agreement shall be limited to monetary damages not to exceed the total fees paid. The Contractor agrees that it has an adequate remedy at law for any breach of this Agreement by the State and hereby waives any right to specific performance or other equitable remedies against the State.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal employment opportunity laws and the Governor's order on Respect and Civility in the Workplace, Executive order 2020-01. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of age, sex, sexual orientation, race, color, marital status, physical or mental disability, religious creed, national origin, gender identity, or gender expression, and will take affirmative action to prevent such discrimination, unless exempt by state or federal law. The Contractor shall ensure any subcontractors comply with these nondiscrimination requirements.

6.3 No payments or transfers of value by Contractor or its representatives in connection with this Agreement have or shall be made which have the purpose or effect of public or commercial bribery, or acceptance of or acquiescence in extortion, kickbacks, or other unlawful or improper means of obtaining business.

6.4. The Contractor agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with this Agreement and all rules, regulations and orders pertaining to the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 The Contracting Officer specified in block 1.9, or any successor, shall be the State's point of contact pertaining to this Agreement.

Emily Kaitlin Growdor
NOTARY PUBLIC
STATE AT LARGE
KENTUCKY
ID. # KYNP62942
MY COMMISSION EXPIRES 11/21/2026

Contractor Initials EG
Date 1-18-24

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) calendar days from the date of the notice; and if the Event of Default is not timely cured, terminate this Agreement, effective two (2) calendar days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 give the Contractor a written notice specifying the Event of Default and set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) calendar days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than fifteen (15) calendar days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. In addition, at the State's discretion, the Contractor shall, within fifteen (15) calendar days of notice of early termination, develop and submit to the State a transition plan for Services under the Agreement.

10. PROPERTY OWNERSHIP/DISCLOSURE.

10.1 As used in this Agreement, the word "Property" shall mean all data, information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

10.2 All data and any Property which has been received from the State, or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

10.3 Disclosure of data, information and other records shall be governed by N.H. RSA chapter 91-A and/or other applicable law. Disclosure requires prior written approval of the State.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

12.1 Contractor shall provide the State written notice at least fifteen (15) calendar days before any proposed assignment, delegation, or other transfer of any interest in this Agreement. No such assignment, delegation, or other transfer shall be effective without the written consent of the State.

12.2 For purposes of paragraph 12, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.3 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State.

12.4 The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

13. INDEMNIFICATION. The Contractor shall indemnify, defend, and hold harmless the State, its officers, and employees from and against all actions, claims, damages, demands, judgments, fines, liabilities, losses, and other expenses, including, without limitation, reasonable attorneys' fees, arising out of or relating to this Agreement directly or indirectly arising from death, personal injury, property damage, intellectual property infringement, or other claims asserted against the State, its officers, or employees caused by the acts or omissions of negligence, reckless or willful misconduct, or fraud by the Contractor, its employees, agents, or subcontractors. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the State's sovereign immunity, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

Emily Kaitlin Growder
NOTARY PUBLIC
STATE AT LARGE
KENTUCKY
ID. # KYNP62342
MY COMMISSION EXPIRES 11/21/2026

Contractor Initials

Date 1-10-24

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 commercial general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than $1,000,000 per occurrence and $2,000,000 aggregate or excess; and

14.1.2 special cause of loss coverage form covering all Property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the Property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or any successor, a certificate(s) of insurance for all insurance required under this Agreement. At the request of the Contracting Officer, or any successor, the Contractor shall provide certificate(s) of insurance for all renewal(s) of insurance required under this Agreement. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A *("Workers' Compensation").*

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. The Contractor shall furnish the Contracting Officer identified in block 1.9, or any successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. WAIVER OF BREACH. A State's failure to enforce its rights with respect to any single or continuing breach of this Agreement shall not act as a waiver of the right of the State to later enforce any such rights or to enforce any other or any subsequent breach.

17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

19. CHOICE OF LAW AND FORUM.

19.1 This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire except where the Federal supremacy clause requires otherwise. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

19.2 Any actions arising out of this Agreement, including the breach or alleged breach thereof, may not be submitted to binding arbitration, but must, instead, be brought and maintained in the Merrimack County Superior Court of New Hampshire which shall have exclusive jurisdiction thereof.

20. CONFLICTING TERMS. In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and any other portion of this Agreement including any attachments thereto, the terms of the P-37 (as modified in EXHIBIT A) shall control.

21. THIRD PARTIES. This Agreement is being entered into for the sole benefit of the parties hereto, and nothing herein, express or implied, is intended to or will confer any legal or equitable right, benefit, or remedy of any nature upon any other person.

22. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

23. SPECIAL PROVISIONS. Additional or modifying provisions set forth in the attached EXHIBIT A are incorporated herein by reference.

24. FURTHER ASSURANCES. The Contractor, along with its agents and affiliates, shall, at its own cost and expense, execute any additional documents and take such further actions as may be reasonably required to carry out the provisions of this Agreement and give effect to the transactions contemplated hereby.

25. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

26. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings with respect to the subject matter hereof.

Emily Kaitlin Crowder
NOTARY PUBLIC
STATE AT LARGE
KENTUCKY
ID. # KYNP62342
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Contractor Initials

Date 1-18-24

EXHIBIT A – SPECIAL PROVISIONS

There are no modifications, additions, and/or deletions to the Form P-37.

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EXHIBIT B

2. EMPLOYMENT OF CONTRACTOR: SERVICES TO BE PERFORMED.

FlightBridgeED, LLC will provide the services of provision of training related to critical care certification preparation in accordance with RFP DOS 2024-006 for the Department of Safety, Division of Fire Standards & Training and Emergency Medical Services. The vendor shall provide the services effective upon Governor & Council approval through May 31, 2024.

FlightBridgeED, LLC FP-C, CCP-C, and CFRN Advanced Practice Update and Critical Care Review

FP-C, CCP-C, & CFRN Course Instructors
- Eric Bauer, MBA, FP-C, CCP-C, C-NPT, NRP, FAASTN(H)
- Ashley Bauer, MSN, MBA, APRN, FNP-C, CFRN, CEN, CPEN, CTRN, C-NPT, TCRN, CMTE

Each course will encompass two days, a test-taking strategy, and periodic knowledge assessment sessions. Course days TBD.

FlightBridgeED is the only company in the world that offers a podcast series to supplement their course. The FlightBridgeED podcast focuses on all core critical care content relevant to the FP-C, CCP-C, and CFRN exams. The podcasts are accessible to anyone wanting to listen to and download it. This added tool gives students consistent content reinforcement and strengthens retention.

Provided with the Course:
- FP-C | CFRN Exam Prep & Advanced Practice Update Manual - #1 Best Seller in Transport Medicine
- Access to our online practice exams - timed, random 130-question test with rationale
- 24 CEU hours, approved and awarded for CE for nurses and paramedics

What CEUs are offered, and is this course an approved IBSC course?
Our review course has been approved as an IBSC course for initial FP-C & CCP-C certification and continuing education via in-person and online delivery methodology. The Emergency Nurses Association approved this activity. The Emergency Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credential ing Center's Commission on Accreditation (ANCC). In addition, all Paramedic CEU hours are awarded through the Commission on Accreditation for Pre-Hospital Continuing Education - CAPCE.

What are the first-time pass rates with the course?
This is a hard number to pinpoint. Any company that states they can identify their first-time pass rates are not being forthcoming. There's no way of getting that information from the IBSC or BCEN. The best way to get the most accurate data regarding this subject is to contact each student in an attempt to identify successful passing of their exams based on their respective discipline. One of our primary values as a company is our relationship with our students. Your success helps guide our success and the success of your peers. Based on data gathered from our community, we have calculated> 95% first-time pass rates with the individuals we've been able to communicate with.

Cost Breakdown

Description	Quantity Students	Unit Price	Amount
Contracted - PR-C, CCP-C & CFRN Critical Care Review Course	20	$ 350.00	$ 7,000.00
T&E - Live Event-Concord, NH - Date TBD	1	$ 1,500.00	$ 1,500.00
Contracted - PF-C, CCP-C & CFRN Critical Care Review Course	20	$ 350.00	$ 7,000.00
T&E - Live Event-Bethlehem, NH - Date TBD	1	$ 1,500.00	$ 1,500.00
TOTAL			$ 17,000.00

Emily Kaitlin Crowder
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STATE AT LARGE
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ID. # KYNP62342
MY COMMISSION EXPIRES 11/21/2026

Contractor Initials EB

Date 1-18-24

EXHIBIT C

5. CONTRACT PRICE: LIMITATION ON PRICE: PAYMENT.

The total cost of the services is $17,000.00. An invoice shall be submitted when services have been completed to:

State of New Hampshire
Department of Safety
Division of Fire Standards & Training and Emergency Medical Services
33 Hazen Drive
Concord, NH 03305
Email: AccountsPayable@dos.nh.gov

Emily Kaitlin Crowder
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MY COMMISSION EXPIRES 11/21/2026

State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that FLIGHTBRIDGEED, LLC is a Kentucky Limited Liability Company registered to transact business in New Hampshire on March 09, 2024. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 953075

Certificate Number : 0006607293

IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 9th day of March A.D. 2024.

David M. Scanlan

Secretary of State

Business Information

Business Details

Business Name:	FLIGHTBRIDGEED, LLC	Business ID:	953075
Business Type:	Foreign Limited Liability Company	Business Status:	Good Standing
Business Creation Date:	03/09/2024	Name in State of Formation:	FLIGHTBRIDGEED, LLC
Date of Formation in Jurisdiction:	01/02/2013		
Principal Office Address:	996 wilkinson Trace, Suite A4, Bowling Green, KY, 42103, USA	Mailing Address:	996 wilkinson Trace, Suite A4, Bowling Green, KY, 42103, USA
Citizenship / State of Formation:	Foreign/Kentucky		
		Last Annual Report Year:	N/A
		Next Report Year:	2025
Duration:	Perpetual		
Business Email:	service@flightbridgeed.com	Phone #:	800-991-3160
Notification Email:	service@flightbridgeed.com	Fiscal Year End Date:	NONE

Principal Purpose

S.No	NAICS Code	NAICS Subcode
1	Educational Services	Exam Preparation and Tutoring

Page 1 of 1, records 1 to 1 of 1

Principals Information

Name/Title	Business Address
Emily Crowder / Manager	996 wilkinson Trace, Suite A4, Bowling Green, KY, 42103, USA

Page 1 of 1, records 1 to 1 of 1

Registered Agent Information

Name:	C T Corporation System
Registered Office Address:	2 1/2 Beacon Street, Concord, NH, 03301 - 4447, USA
Registered Mailing Address:	2 1/2 Beacon Street, Concord, NH, 03301 - 4447, USA

Trade Name Information

No Trade Name(s) associated to this business.

Trade Name Owned By

No Records to View.

Trademark Information

Trademark Number	Trademark Name	Business Address	Mailing Address

No records to view.

Filing History Address History View All Other Addresses Name History Shares

Businesses Linked to Registered Agent Return to Search Back

FlightBridgeED, LLC

Resolutions of the Board of Managers
November 5, 2021

WHEREAS, the Board of Managers (the "Board") of FlightBridgeED, LLC, a Kentucky limited liability company (the "Company") desires to appoint the Company's officers in accordance with Section 3.11 of the Company's Amended and Restated Operating Agreement.

NOW, THEREFORE, BE IT RESOLVED THAT:

1. The following named individuals are hereby appointed to the offices set forth opposite their respective names, and confirmed as officers of the Company, effective as of the date hereof:

Name	Office
Eric Bauer	Chief Executive Officer
Ashley Bauer	Vice President
Robert Sannerud	Chief Financial Officer

2. The Chief Executive Officer, subject to the control and direction of the Board, shall supervise and control all of the day-to-day business and affairs of the Company. The Chief Executive Officer shall have authority subject to such rules as may be prescribed by the Board, to appoint such agents and employees of the Company as the Chief Executive Officer deems necessary, to prescribe their powers, duties and compensation, and to delegate authority to them.

3. During the absence or disability of the Chief Executive Officer, it shall be the duty of the Vice President to perform the duties of the Chief Executive Officer. The Vice President shall perform such other duties as are prescribed by the Chief Executive Officer or the Board.

4. The Chief Financial Officer shall maintain all financial records, prepare all financial statements, coordinate the annual audit and all necessary tax documentation, and shall be responsible for investments and disbursements as Chief Executive Officer or the Board.

5. The Chief Executive Officer and Vice President shall have the authority to sign and deliver in the name of the Company, deeds, mortgages, bonds, contracts, or other instruments pertaining to the business of this Company, except in cases in which the authority to sign and deliver is required by law to be exercised by another person or is expressly delegated by the Limited Liability Company Agreement, its Sole Member, or the Board exclusively to one or more other persons.

1/18/24

Adopted: November 5, 2021

Emily Kaitlin Crowder
NOTARY PUBLIC
STATE AT LARGE
KENTUCKY
ID. # KYNP62342
MY COMMISSION EXPIRES 11/21/2025

01/18/24

US.133117821.01

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 1/10/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Alliant Insurance Services, Inc. 32 Old Slip New York NY 10005	CONTACT NAME: Mary Busch PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: mary.busch@alliant.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Capitol Specialty Insurance Co	10328
INSURER B : Granite State Insurance Compan	23809
INSURER C : Starr Indemnity & Liability Co	38318
INSURER D : Starr Specialty Insurance Comp	16109
INSURER E :	
INSURER F :	

INSURED LIFELIN-01
Critical Care Services Inc.
dba Life Link III
FlightBridgeed, Inc
8009 34th Avenue South, Suite 1300
Bloomington MN 55425

COVERAGES **CERTIFICATE NUMBER: 1737797103** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			MM2017255807	12/31/2023	12/31/2024	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
B	AUTOMOBILE LIABILITY			02-CA-023320151-5	12/31/2023	12/31/2024	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY X SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR			MM2017255907	12/31/2023	12/31/2024	EACH OCCURRENCE	$ 5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 5,000,000
	DED X RETENTION $ 0							$
C D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	100 0004023 100 0004022	12/31/2023 12/31/2023	12/31/2024 12/31/2024	X PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holders and any others are included as additional insureds where required by written contract as respects to liability arising out of the operations of the named insured. Above policies contain a waiver of subrogation in favor of additional insureds as required by written contract.

CERTIFICATE HOLDER

State of NH
Department of Safety
Division of Fire Standards & Training and
Emergency Medical Services
33 Hazen Drive
Concord NH 03305

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE