



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 AUG -7 AM 8:36

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

SPORTAKIS LLC

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

TONY CAMPA

(Street Address)

1401 CAMELBACK VIEW DR POCATELLO, ID 83201

(Mailing Address, if different than street address)

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

TONY CAMPA

(Name)

1401 CAMELBACK VIEW DR POCATELLO, ID 83201

(Street Address)

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

Name

Address

TONY CAMPA

1401 CAMELBACK VIEW DR

POCATELLO, ID 83201

ADRIAN CAMPA

1401 CAMELBACK VIEW DR

POCATELLO, ID 83201

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

1401 CAMELBACK VIEW DR POCATELLO, ID 83201

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 [Signature]

Typed Name: TONY CAMPA

Signature [Signature]

Typed Name: ADRIAN CAMPA

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
08/07/2009 05:00
CK: 4503 CT: 162909 BH: 1182004
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FILED EFFECTIVE