

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 JUL 26 AM 8: 27

(Instructions on back of application)

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|-----|--|------------------------|---|
| 1. | The name of the limited liability con | npany is: | STATE OF IDAHO |
| | • | FitSolution LLC | |
| 2. | The complete street and mailing addresses of the initial designated/principal office: 4880 W. Douglas Ln | | |
| | (Street Address) Boise, Idaho 83706 (Mailing Address, if different than street address) | | |
| 3. | The name and complete street address of the registered agent: | | |
| | Don Needs | 4880 W. Douglas Ln. Bo | ise Idaho 83706 |
| | (Name) | (Street Address) | |
| 4. | The name and address of at least one member or manager of the limited liability company: | | |
| | Name | • | Address |
| | Don Needs 4880 W. Douglas Ln. Boise Idaho 83706 | | ise Idaho 83706 |
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| 5. | Mailing address for future correspondence (annual report notices): | | |
| | 4880 W. Douglas Ln Boise Idaho 83706 | | |
| | | <u> </u> | |
| 6. | Future effective date of filing (optional): | | |
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| Sia | nature of a manager, member or | authorized | |
| _ | son. | p | |
| | | | Secretary of State use only |
| _ | nature | | |
| Typ | ed Name: Don Needs | | |
| Sig | nature | | IDAHO SECRETARY OF STATE |
| | ed Name: | | 07/26/2011 05:00 CK: 872 CT: 256856 BH: 128398 |
| | | | 1 0 100.00 ≈ 100.00 ORGAN LLC # |