

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2014 AUG 25 AM 9: 00

	ame of the limited liabili L Project Management Trainir		
	The complete street and mailing addresses of the initial designated office: 8464 W. Brookside Lane, Boise, ID 83714 (Street Address) 515 Fitness PI Ste 120, Eagle, ID 83616		
(Stree 515			
(Mailir	g Address, if different than street ad	dress)	
3. The r	he name and complete street address of the registered agent:		
Jame	es M. Gramling	8464 W. Brooks	ide Lane, Boise, ID 83714
(Name)	(Street Address)	
	The name and address of at least one member or manager of the limited liability company: Name Address		
Jame	es M. Gramling	8464 W. Brooks	ide Lane, Boise, ID 83714
	ng address for future corr Fitness PI Ste 120, Eagle, ID		report notices):
6. Futur	e effective date of filing (optional):	
Signature erson.	e of a manager, memb	er or authorized	
,0,0011.	· .	\sim $^{\circ}$	Secretary of State use only
Signature Typed Na	La annual Marian Carana	Fareling	IDAHO SECRETARY OF STATE 08/25/2014 05:00 CK:3408 CT:300397 BH:14385: 16 100.00 = 100.00 ORGAN LLO

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Signature_____

Typed Name: _____