

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 MAR 18 AM 10: 19

CEODETADY OF STATE

	STATE OF IDAHO
 The name of the limited lia 	bility company is:
Athletic Operations, LLC	
 The complete street and m 12566 Deer Flat rd, Nampa ID, (Street Address) 	ailing addresses of the initial designated office: 83686
(Mailing Address, if different than stree	et address)
3. The name and complete st	reet address of the registered agent:
Sam Winston	12566 Deer Flat rd. Nampa ID, 83686
(Name)	(Street Address)
The name and address of a company:	at least one member or manager of the limited liability
<u>Name</u>	Address
Sam Winston	12566 Deer Flat rd. Nampa ID, 83686
 Mailing address for future of 12566 Deer Flat rd Nampa ID, 	correspondence (annual report notices): 83686
6. Future effective date of filin	g (optional):
Signature of a manager, medoerson.	mber or authorized
	Secretary of State use only
Signature	IDAHO SECRETARY OF STATE
yped Name: Samuel A. Winston	03/18/2015 05:00 CK:CASH CT:307797 BH:1466' 16 100.00 = 100.00 CRGAN LL
Signature	16 20.00 = 20.00 EXPEDITE 0
Typed Name:	