



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

08 AUG 15 PM 1:31

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

EQUINE TRAINING Solutions (E.T.S.) LLC

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

9400 N. PIERCE PARK RD BOISE, ID, 83714

(Street Address)

(Mailing Address, if different than street address)

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

A. Elizabeth Trosky

(Name)

9400 N. PIERCE PARK RD
BOISE, ID 83714

(Street Address)

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

Name

Address

A Elizabeth Trosky

9400 N. PIERCE PARK RD

BOISE, ID

83714

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

E.T.S. LLC 9400 N. PIERCE PARK BOISE, ID 83714

6. Future effective date of filing (optional): 8/15/08

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature A Elizabeth Trosky
Typed Name: A Elizabeth Trosky

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/15/2008 05:00
CK: 680 CT: 85420 BH: 1131874
1 @ 100.00 = 100.00 ORGAN LLC # 2

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