



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 SEP -8 PM 3: 06

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

CrossFit Eagle, LLC

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

2958 W. Colony Ct. Eagle ID 83616

(Street Address)

(Mailing Address, if different than street address)

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

Kellie Dean

(Name)

2958 W. Colony Ct. Eagle ID 83616

(Street Address)

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

Name

Address

Kellie Dean

2958 W. Colony Ct. Eagle ID 83616

Connie Boyce

1228 S. Arbor Island Pl. Eagle, ID 83616

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

2958 W. Colony Ct. Eagle ID 83616

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 Kellie Dean

Typed Name: Kellie Dean

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
09/08/2009 05:00
CK: 308476 CT: 172099 BH: 1186199
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