ED EFFECTIVE



## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANYFEB -5 AN11:37

| (Instructions on back of   | application) SECRETARY OF STATE   |
|--|---|
| <ol> <li>The name of the limited liability compa</li> </ol>                                    | STATE OF IDAHO  |
| •  | orts Academy, LLC   |
| 2. The complete street and mailing addres  | ses of the initial designated/principal office:                           |
| 3937 E 240   | N, Rigby, ID 83442  |
| (Street Address)   |   |
| (Mailing Address, if different than street address)  |   |
| 3. The name and complete street address  | of the registered agent:  |
| Craig Kawamura   | 3937 E 240 N, Rigby, ID 83442   |
| (Name) (St   | reet Address)   |
| <ol> <li>The name and address of at least one monopany:</li> </ol>                             | nember or manager of the limited liability                                |
| <u>Name</u>  | Address   |
| Craig Kawamura   | P.O. Box 636, Blackfoot, ID 83221   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
| 5. Mailing address for future correspondent  |   |
| and an arrange of taken correspondency   | •   |
|  | ane   |
| 6. Future effective date of filing (optional):   |   |
| Signature of overeiter/or (A)  |   |
| Signature of organizer(s). (An organizer is a member acting in behalf of a member or members). | er, or is   |
|  | Secretary of State use only   |
| Signature  | 1101000   |
| Typed Name: Craig Kawamura   | IDAHO SECRETARY OF STATE    100   |
| Signature  | IDAHO SECRETARY OF STATE  |
| Signature Typed Name:  | 95 02/05/2609 05 00<br>CK: 198438 CT: 172899 3N: 1155695                  |
| Typed Name:  | \$\frac{1}{2} \frac{1 \text{ 0 190.00}}{2} = 100.00 \text{ ORGAN LLC 1 2} |