



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 JAN 26 AM 10:05

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Poised Pilates LLC

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

13900 W. Wainwright Dr. Boise, Id 83703

(Street Address)

(Mailing Address, if different than street address)

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

Natalie Irish

(Name)

13900 W. Wainwright Dr. Boise, Id 83703

(Street Address)

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

Name

Address

Natalie Irish

5049 Burlington Dr. Boise, Id 83704

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

5049 Burlington Dr. Boise, Id 83704

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Natalie Irish

Typed Name: Natalie Irish

Signature _____

Typed Name: _____

Secretary of State use only
IDAHO SECRETARY OF STATE
01/26/2015 05:00

CK:2611 CT:305569 BH:1458640
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