

FILED EFFECTIVE

2012 NOV 19 AM 9:51  
SECRETARY OF STATE  
STATE OF IDAHO

# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

PRECISION PERSONAL TRAINING, LLC

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

329 S WOODRUFF AVE IDAHO FALLS, ID 83401

(Street Address)

(Mailing Address, if different than street address)

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

DAVID BRACKEN

(Name)

329 S WOODRUFF AVE IDAHO FALLS, ID 83401

(Street Address)

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

NameAddress

DAVID BRACKEN

329 S WOODRUFF AVE IDAHO FALLS ID 83401

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

329 S WOODRUFF AVE IDAHO FALLS ID 83401

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature David BrackenTyped Name: DAVID BRACKEN

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
11/19/2012 05:00  
CK: 1019 CT: 276382 BH: 1348145  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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