



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 OCT -8 AM 9:23

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

DRAW IT OUT! WORK IT OUT!, LLC

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

1510 Robert Street, Suite 102

(Street Address)

Boise, ID 83705

(Mailing Address, if different than street address)

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

JERILYNN BLUM

(Name)

1510 Robert St., #102, Boise 83705

(Street Address)

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

Name

Address

CHERIE SENIEUR

1510 Robert St., #102, Boise 83705

JERILYNN BLUM

1510 Robert St., #102, Boise 83705

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

1510 Robert Street, Suite 102, Boise, ID 83705

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

Signature of a manager, member or authorized person.

Signature

Typed Name: JERILYNN BLUM

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

10/09/2013 05:00

CK: 1 CT: 288361 BH: 1393241

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