



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 SEP 17 AM 8:44

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

PERSONAL BEST Performance, LLC

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

808 Saturn Drive, Idaho Falls, ID 83402

(Street Address)

(Mailing Address, if different than street address)

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

Michael Hays

(Name)

808 Saturn Drive, Idaho Falls, ID 83402

(Street Address)

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

Name

Address

Michael Hays

808 Saturn Drive, Idaho Falls, ID 83402

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

808 Saturn Drive, Idaho Falls, ID 83402

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Michael Hays

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/17/2010 05:00
CK: 3122 CT: 214046 BH: 1239335
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