

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 09 JUN 26 PM 2: 01

(Instructions on back of application)

SECREDANT OF STATE STATE OF IDAHO

1. The name of the limited liability company is:	
Fitnes	ss Freaks, 11c
2. The complete street and mailing addresses of	of the initial designated/principal office:
(Street Address)	e dr. Boise, ID 83714
(Mailing Address, if different than street address)	
3. The name and complete street address of the	e registered agent:
(Name) Carric Wiff 83	525 Ahwater Dr. Boisc ID 83714
	00150, 20 30111
4. The name and address of at least one memb	per or manager of the limited liability
company:	Address
Carrie With 852	5 Atwater De, Boise ID 83714
	0 111
5. Mailing address for future correspondence (a	
8525 Atwater Dr. Boisc, I	0 00/14
6. Future effective date of filing (optional):	
Signature of organizer(s). (An organizer is a member, cacting in behalf of a member).	or is
acting in behalf of a member of members).	Secretary of State use only
Signature Laws Will	f
Typed Name: Carrie Witt	art_ov
	Option 1
Signature	CK: 278901 CT: 172999 BH: 1176584
Typed Name:	- 550 1 2 100-00 - 100-00 ANNUM FTF 1 C