

251

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2015 FEB 13 PM 4:44

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

FITNESSLIPO LLC

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

2999 LAKEHARBOR SUITE 202

(Street Address)

BOISE, IDAHO, 83703

(Mailing Address, if different than street address)

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

N. HANSEN

(Name)

2999 LAKEHARBOR LANE SUITE 202

(Street Address)

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

<u>Name</u>	<u>Address</u>
<u>N. HANSEN</u>	<u>2999 LAKEHARBOR LANE, SUITE 202, BOISE, ID 03</u>
_____	_____
_____	_____
_____	_____

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

2999 LAKEHARBOR LANE, SUITE 202, BOISE, IDAHO, 83703 a agent:

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

Signature of a manager, member or authorized person.

Signature *N. Hansen*

Typed Name: N. HANSEN

Signature _____

Typed Name: _____

Secretary of State use only

_____ IDAHO SECRETARY OF STATE

02/13/2015 05:00

CK:2577834 CT:172099 BH:1461795

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