

## CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE TED LIABILITY COMPANY 2013 NOV

			. 7013 MUA 13 WW 8: 05
<b>W</b>	(Instructions on back	of application)	0070 day 100.11 - 1
1.	The name of the limited liability con	npany is:	SECHETARY OF STATE STATE OF IDAHO
	IN THE ZONE INDOOR SPOI	RTS ACADEMY, LL	<u>c</u>
2.	The complete street and mailing addresses of the initial designated office:		
	4389 W. AGAVE ST., EAGLE, ID 83616		
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street addr	ess of the registered	agent:
	JOE HAZEL (Name)	4389 W. AGAV	E ST., EAGLE, ID 83616
	Ç.—)	• • • • • • •	
	The name and address of at least one member or manager of the limited liability company:		
	Name		<u>Address</u>
	JOE HAZEL	4389 W. AGAVE	ST., EAGLE, ID 83616
N. S.	DAVE KEMPER	1880 W. KELLY CREEK DR., MERIDIAN, ID	
	DAVE WAITE		83646 T HILL CT., EAGLE, ID 83616
		•	
5	Mailing address for future correspor	ndence (annual repo	rt notices):
J.	4389 W. AGAVE ST., EAGLE,	and the second s	
	The state of the s	//	
6.	Future effective date of filing (option	nal): <u>N/A</u>	
•	1/		•
Sia	nature of a manager, member or	authorized	
pers		//	Secretary of State use only
_	nature		
	ed Name: NOE HAZEL		
-	nature JM/		IDOMO CEDOCTARY
	ed Name: DAVE KEMPER	7	IDAHO SECRETARY OF STATE 11/13/2013 05:00
_	nature <u>Led Mart</u> ed Name: <u>DAVE WAITE</u>	<del>)</del> .	1 0 100.00 = 100.00 ORGAN LLC
TAD	ed Name: <u>DAVE WAITE</u>		

W131102