

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2014 SEP 10 AM 9: 08

1.	The name of the limited liability compa	iny is:	SECRETARY OF STATE STATE OF IDAHO
	BigDa	ansFitness.	
2.	The complete street and mailing address 1337 Cedar Ave, Lewiston ID 83501	sses of th	e initial designated office:
	(Street Address) PO Box 4, Lewiston, ID 83501		
3.	(Mailing Address, if different than street address) The name and complete street address of the registered agent:		
		1337 Cedar Ave, Lewiston ID 83501	
	(Name) (S	Street Address	3)
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	<u>Address</u>	
	Dan Moore 1	1337 Cedar Ave, Lewiston ID 83501	
5.	Mailing address for future correspondence (annual report notices):		
	PO Box 4. Lewiston ID 83501		
6.	Future effective date of filing (optional):		
	nature of a manager, member or au son.	ıthorized	
Signature Moore			Secretary of State use only IDAHO SECRETARY OF STATE 09/10/2014 05:00
Тур	ped Name: member		CK:2207004 CT:172099 BH:14406 16 100.00 = 100.00 ORGAN LLC
Sig	nature		899141W
	ped Name:		_