



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

FILED EFFECTIVE

(Instructions on back of application) 12 JAN 19 AM 9:43

- 1. The name of the limited liability company is:**

ty company is: **SECRETARY OF STATE**
Fitness With Sheandi L.L.C. STATE OF IDAHO

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

3808 E. 17th Street

(Street Address)

Idaho Falls, ID 83406

(Mailing Address, if different than street address)

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

Sheandi Richins

(Name)

3808 E. 17th Street Idaho Falls, ID 83406

(Street Address)

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

Name _____

Address

Sheandi Richins

3808 E. 17th Street Idaho Falls, ID 83406

Cody Richins

3808 E. 17th Street Idaho Falls, ID 83406

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

3808 E. 17th Street Idaho Falls, ID 83406

- 6. Future effective date of filing (optional):**

Signature of a manager, member or authorized person.

Secretary of State use only

Signature

Signature Sheandli Richins

Typed Name: Sheandi Richins

Signature

Signature Eddy Rickson

Typed Name: Cody Richins

IDAHO SECRETARY OF STATE
 01/19/2012 05:00
 CK: 1463 CT: 266874 BH: 1306730
 1 @ 100.00 = 100.00 ORGAN LLC # 2

W110264