

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 MAY 26 PM 2: 32

(Instructions on back of application)

SECRETARY OF STATE

1.	The name of the limited liability company is:
	Training 6-lobal LC
2.	The complete street and mailing addresses of the initial designated/principal office:  4553 Y. Eagle Printe Place Street, ID 83669  (Street Address)
	(Mailing Address, if different than street address)
3.	The name and complete street address of the registered agent:
	Sharon Knox 4553 n. Eagle Birte Place (Street Address) Share, In 83669
4.	The name and address of at least one member or manager of the limited liability company:
	Wayne Slaughten 1354 8. Willow Wood Dr. Fagle 8860 Chad atkinson 520 Willow Trace Dr. Fagle 836 Ko Sharon Knok 4553-n. Fagle Pointe Pl. Star ID 83
	Mailing address for future correspondence (annual report notices):  Snakon Know 4553 N. Fagle Points Place Small 83469
6.	Future effective date of filing (optional):
actir Sigi	nature of organizer(s). (An organizer is a member, or is ag in behalf of a member or members).  Secretary of State use only additional control of the contro
Sigi	nature