



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

06 AUG -4 PM 4:14

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Experiential Training & Coaching, LLC

2. The street address of the initial registered office is:

601 W. Bannock Street, Boise, Idaho 83702

and the name of the initial registered agent at the above address is:

Scott A. Tschirgi

3. The mailing address for future correspondence is:

PO Box 62091, Mt. Wellington, Auckland 1130, New Zealand

4. Management of the limited liability company will be vested in:

Manager(s) ☒ or Member(s) ☐ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name

Address

Trevor Laurence

PO Box 62091

Mt. Wellington, Auckland 1130, New Zealand

6. Signature of at least one person responsible for forming the limited liability company:

Signature: [Signature]

Typed Name: Scott Tschirgi

Capacity: Organizer

Signature: _____

Typed Name: _____

Capacity: _____

Secretary of State use only

Idaho Limited Liability Company Form 1001
Revised 07/2002

Web Form

IDAHO SECRETARY OF STATE
08/04/2006 05:00
CK: 47394 CT: 1626 BH: 968571
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