

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

06 AUG -4 PH 4: 14

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 malling 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)  initial manager. If managerient is to be vested in the member(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	WI TO	(Instructions on back of	of application) SECRETARY OF STATE STATE OF IDAHO	
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 mailling 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) lipicase check the appropriate box)  5. If management is to be vested in one or more manager(s), list the hame(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  8. Signature of at least one person responsible for forming the limited liability company: Signature: Typed Name: Scott Tschirgi Capacity: Organizer  Typed Name: Signature: Typed Name: Typed Name: Capacity: Dranizer  Typed Name: Capacity: Dranizer	1. 1	he name of the limited liability comp	# · · · · · · · · · · · · · · · · · · ·	
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