	CERTIFICATE OF OI		09 NOV 25 AM 8: 22	
at to	(Instructions on back o	f application)	SECRETARY OF STATE	
1. T	he name of the limited liability comp	any is:	STATE OF IDAHO	
	Ultir	mate Fitness LLC		
		esses of the initial desig 08 N 6th Street	gnated/principal office:	
	(Street Address) Coeur	d Alene, ID 83814		
	(Mailing Address, if different than street address)	· · · · · · · · · · · · · · · · · · ·		
3. T	he name and complete street addres			
	Jason Koester (Name)	1008 N 6th Street, Co (Street Address)	eur d Alene, ID 83814	
	The name and address of at least one member or manager of the limited liability company:			9
	Name Jason Koester	Address 1008 N 6th Street, Coeur d' Alene, ID 83814		
	Richard Palmer	1041 West Cardinal Ave, Hayden, ID 83853		
	Chad Schmidt	2814 Apperson, Coeur d Alene, ID 83815		
			· · · · · · · · · · · · · · · · · · ·	• .
5. N	Aailing address for future corresponde S	ence (annual report not ame as Above	ices):	
6. F	uture effective date of filing (optional):		•
-	ature of organizer(s). (An organizer is a m in behalf of a member or members).			ž
	ature d Name: 	Climet and the second	Secretary of State use only	
Signa Typeo		07/2008	IDAHO SECRETARY OF STATE 11/25/2009 05:00	

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