

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 AUG 21 AM 8: 44

		SECRE	TARY OF STATE
The name of the limited liability comp	any is:	STAT	E OF IDAHO
RASMUSSEN	N SPORTS TRAIN	ING, LLC	
The complete street and mailing addr	esses of the ini	tial designated/pri	ncipal office:
1018 E. MCFARLA		•	•
(Street Address)			
(Mailing Address, if different than street address)	· · · · · · · · · · · · · · · · · · ·		
The name and complete street address	ss of the registe	ered agent:	
MICHAEL R. CHAPMAN	2100 NORTHWE	ST BLVD, SUITE 230	, CDA ID 83814
(Name)	(Street Address)		
The name and address of at least one company:	5 Monison of the	Address	
BRYAN A. RASMUSSEN	1018 E. MCFARLAND, COEUR D'ALENE,		ENE, ID 83814
Mailing address for future correspond]; -
2100 NORTHWEST BLVD,	SUITE 230, COEL	JR D'ALENE, ID 8381	4
Future effective date of filing (optional	1):		
mature of organizer(s). (An organizer is a n ng in behalf of a member or members).	nember, or is		
ng in behali bi a member or members).		Secretary of S	tate use only
nature ///	formsteart_ong_ltc.PMD		
oed Name: MICHAEL R. CHAPMAN	1		
	mst/ce		
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