

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 10 JUN-9 AM 9: 22

C.	(Instructions on back of	ot applicatio	n)
1.	The name of the limited liability comp	pany is:	SECRETARY OF STATE STATE OF IDAHO
	•	Fitness Trainin	
2.	The complete street and mailing addi		e initial designated/principal office: agle, ID 83616
	(Street Address)		agle, ID 83616
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Kelli Kinkela	860 V	/ Headwaters Drive, Eagle, ID 83616
	(Name) (Street Address)		
	The name and address of at least one member or manager of the limited liability company:		
•	Name		Address
	Kelli Kinkela	860 V	/ Headwaters Drive, Eagle, ID 83616
5.	Mailing address for future correspond	dence (annu	al report notices):
	860 W Headw	vaters Drive, E	agle, ID 83616
6.	Future effective date of filing (optiona	al):	
0 :			
_	nature of organizer(s). (An organizer is a r g in behalf of a member or members).	member, or is	
JOH!			Secretary of State use only
Sigr	nature Zu		et on Ja. PMD
Тур	ed Namé: Kelli Kinkela		5

Signature ______
Typed Name: _____

IBAHO SECRETARY OF STATE

06/09/2010 05:00

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