

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

10 NOV -1 PM 12: 31

| 1. | The name of the limited liability company is: | | SECRET RY OF STATE |
|--|--|-------------------------------|--|
| | Bfi | t Exercise Center LLC | STATE OF IDAHO |
| 2. | The complete street and mailing ac 2228 Main St. Boise, ID 83702 (Street Address) | Idresses of the initial o | lesignated/principal office: |
| | | | |
| 3 | (Mailing Address, if different than street address) The name and complete street add | ress of the registered | agent. |
| • | and | | |
| | Michael Wilson | 2228 Main St. Boise, ID 83702 | |
| | (Name) | (Street Address) | |
| 4. | The name and address of at least one member or manager of the limited liability company: | | |
| | Name | | Address |
| | Michael Wilson | 2228 Main St. Boise, ID 83702 | |
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| | | | |
| | | | |
| | | | |
| 5. | Mailing address for future correspo | ndanoo /annual ranart | notions): |
| Mailing address for future correspondence (annual report notices): 6360 Grandview Dr. Boise, ID 83709 | | | riouces). |
| | occo chandrion Dr. Dose, ib corres | | |
| 6. | Future effective date of filing (option | nal): | |
| | • • • | | |
| Sigi | nature of a manager, member or | authorized | |
| pers | son. | / | Secretary of State use only |
| Cia. | natura Milata | | Secretary or State use only |
| _ | nature Michael Wilson | | |
| ıуþ | ed Name: Michael Wilson | | |
| Siar | nature | | |
| Typed Name: | | | IDAHO SECRETARY OF STATE 11/01/2010 05:00 |
| - 7 12 | | | CK: 1876 CT: 252461 BH: 1245471 |

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