

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANYJUN 10 AM 9: 08

(Instructions on back of application) SECRETARY OF STATE

	O.	-XILLIAN OF STATE	
1. The	he name of the limited liability company is:	STATE OF IDAHO	
	BODY 1Q WOMEN'S FITNESS & L	JEUNES CENTER,	
2. The	The complete street and mailing addresses of the initial designated/principal office:		
ó	259 SHoshone St South Two Fall	s 10 \$3301	
(5)	(Street Address)	.	
POBox 2945 Two Falls 10 83303 (Malling Address, if different than street address)			
	3. The name and complete street address of the registered agent:		
o. The name and complete street address of the registered agent.			
1	MILLI KOBER 259 Shoshow	Sts Twin Falls. 10	
(N	(Name) (Street Address)	83301	
4. The name and address of at least one member or manager of the limited liability			
cor	ompany:		
	Name	Address	
	MIKKI KOBER 349 S. SW	E, Jerome 10 83538	
			
-			
		*	
5. Mailing address for future correspondence (annual report notices):			
BODY 19, PUBOX 2945 TWIN FAILS ID 83303			
<u> </u>	71.60		
6. Future effective date of filing (optional): TI 109			
Signature of organizer(s). (An organizer is a member, or is			
acting in	in behalf of a member or members).	Secretary of State use only	
Signature Signature			
Typed Name: NIKVI J. KUBCK \$			
ı yheu	rivanie. V · restlict 3 · Lesson		
Signatu	ature Name: NICVI J. KUBCK ature Name: Na	IDANO SECRETARY OF STATE	
Typed Name: \$65.16.223643 Bits 1174836			
	7 1 7 7 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8	1 \$ 100.00 ± 100.00 CHECK LLC &	

W 84591