



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 APR -1 AM 8:39

1. The name of the limited liability company is:

Valkyrie Training, LLC

2. The complete street and mailing addresses of the initial designated office:

1550 Jones St. Suites H & I Idaho Falls, ID 83401
(Street Address)

same as above
(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Cheryl Heffelfinger
(Name)

505 Auburn Ave. Idaho Falls ID
(Street Address)

~~83401~~
83401

4. The name and address of at least one member or manager of the limited liability company:

Cheryl Heffelfinger
Name

505 Auburn Ave. Idaho Falls, ID 83401
Address

5. Mailing address for future correspondence (annual report notices):

505 Auburn Ave. Idaho Falls, ID 83401

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Cheryl Heffelfinger
Typed Name: Cheryl Heffelfinger

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/01/2015 05:00

CR:183984 CT:308382 BH:1468802
1@ 100.00 = 100.00 ORGAN LLC #2
1@ 20.00 = 20.00 EXPEDITE C #3

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