CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2015 MAY 15 PM 12: 16

(Instructions on back of application)

(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. Dubit of approautor.	SECRETARY OF STATE STATE OF IDAHO
1. The name of the limited liabili	The name of the limited liability company is:	
MUSCLE RAWK LLC	- -	
2. The complete street and maili 3154 EAST RIVERNEST DRIVE,	=	initial designated office:
(Street Address)		
(Mailing Address, if different than street ad	dress)	
3. The name and complete stree	t address of the reg	istered agent:
Scott Di Vito	3154 E. Rivernest Dr., Boise, ID 83706	
(Name)	(Street Address)	
4. The name and address of at le	east one member or	·
<u>Name</u> Scott Di Vito	2454 E. Divon	Address nest Dr., Boise, ID 83706
Scott Di Vito	3134 E. Riven	iest DI., Boise, iD 63700
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		_
- 14 W 11 C C 1		
 Mailing address for future corn 3154 E. Rivernest Dr., Boise, ID 8 	•	ii report notices):
6. Future effective date of filing (optional):	
Signature of a manager, memb	er or authorized	
person.	Γ	Secretary of State use only
Signature		IDAMO SECRETARY OF STATE
Signature Scott Di Vito		05/15/2015 05:00 CK:2841798 CT:172099 BH:14 10 100:00 = 100:00 ORGAN L
Signature		
Гуреd Name:		1.171778

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