



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 DEC 22 PM 2:21

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Thrive Fitness & Personal Training LLC

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

10535 overland Boise Id. 83709
(Street Address)

(Mailing Address, if different than street address)

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

Justin Trail 10535 overland Boise Id. 83709
(Name) (Street Address)

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

| Name | Address |
|---------------------|---|
| <u>Justin Trail</u> | <u>24950 Falcon Ln Caldwell Id. 83607</u> |
| | |
| | |
| | |

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

10535 overland Boise Id. 83709

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Justin Trail
Typed Name Justin Trail

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/22/2014 05:00
CK:CASH CT:304389 BH:1454019
1@ 100.00 = 100.00 ORGAN LLC #2

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