

FILED EFFECTIVE



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 AUG-13 AM 9:22

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Trost Personal Training, LLC

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

1917 Allmon Dr., Lewiston, Idaho 83501

(Street Address)

(Mailing Address, if different than street address)

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

Jennifer L. Trost

(Name)

1917 Allmon Dr., Lewiston, Idaho 83501

(Street Address)

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

**Name****Address**

Jennifer L. Trost

1917 Allmon Dr., Lewiston, ID 83501

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

1917 Allmon Dr., Lewiston, ID 83501

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

*Jennifer L. Trost*

Typed Name: Jennifer L. Trost

Signature

Typed Name:

Secretary of State use only

 IDAHO SECRETARY OF STATE  
 08/13/2012 05:00  
 CK: 3422 CT: 273233 BH: 1335724  
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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