



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 AUG 17 AM 8:19

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

TETON FITNESS, LLC

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

516 MEMORIAL DRIVE, POCATELLO, ID 83201

(Street Address)

(Mailing Address, if different than street address)

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

MATTHEW McKINLAY

(Name)

255 S. 20TH, POCATELLO, ID 83201

(Street Address)

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

Name

BOB ROBERTS

Address

2292 CANDLERIDGE CIRCLE E, TWIN FALLS, ID

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

516 MEMORIAL DRIVE, POCATELLO, ID 83201

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

Signature of organizer(s). (An organizer is a member, or is
acting in behalf of a member or members).

Signature _____

Typed Name: BOB ROBERTS

Secretary of State use only

Signature _____

Typed Name: _____

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Revised 07/2008

IDaho SECRETARY OF STATE
08/17/2009 05:00
CK: 20853 CT: 19922 BH: 1103109
1 @ 100.00 = 100.00 ORGAN LLC # 2

FILED EFFECTIVE