

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2013 MAY 16 PM 12: 11

(Instructions on back of application)

SECRETARY OF STATE

| 1. The name of the limited lia | STATE UF TUAHU pility company is: |
|---|--|
| Empowered Living Fitness Stud | |
| 2. The complete street and ma | ailing addresses of the initial designated office: |
| (Street Address) | |
| (Mailing Address, if different than stree | address) |
| 3. The name and complete str | eet address of the registered agent: |
| Laura Anne Smith | 4493 N Stampede Way, Meridian, ID 83646 |
| (Name) | (Street Address) |
| The name and address of a company: | t least one member or manager of the limited liability |
| <u>Name</u> | <u>Address</u> |
| Laura Anne Smith | 4493 N Stampede Way, Meridian, ID 83646 |
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| | |
| Mailing address for future c 4493 N Stampede Way, Meridia | orrespondence (annual report notices): |
| 4495 N Stampede Way, Menda | III, ID 63646 |
| 6. Future effective date of filin | g (optional): |
| | |
| Signature of a manager, mei | nber or authorized |
| person. | Secretary of State use only |
| Signature Signature | |
| Typed Name: Laura A. Smith | |
| Pignatura | IDAHO SECRETARY OF STATE |
| Signature | CK: 1492918 CT: 172099 BH: 13/41 |
| Typed Name: | 1 9 100.00 ORGAN LLC # |