

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 JAN -6 AM 10: 21

FILED EFFECTIVE

(Instructions on back of application)

SECRETARY OF STATE

1. 1110	e name of the limited liability compar	ny is: STATE OF IDAHO
_	TriAge	Coaching LLC
	e complete street address, and mailin ncipal office:	ng address if different, of the initial designated/
	1085 S. Starlight Dr.,	Coeur D'Alene, Idaho 83814
	he name of the commercial registered agent; or the name and complete street ddress of the non-commercial registered agent:	
	National Registered Agents, Inc. 142	23 Tyrell Lane Boise, ID 83706 County of Ada
	npany:	member or manager of the limited liability
	Name	<u>Address</u>
	Kevin McNease	1085 S. Starlight Dr., Coeur D'Alene, Idaho 83814
 . Mai	iling address for future corresponden	nce (annual report notices):
	c/o: 1085 S. Starlight D	r., Coeur D'Alene, Idaho 83814
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. Fut	ure effective date of filing (optional):	
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gnatu is actir	re of an organizer(s). (An organizer is an understand in behalf of a required, and existing, initia	nember, il member Secretary of State use only
ignatu	are of an organizer(s). (An organizer is a ang in behalf of a required, and existing, initial ers).	ı member, Ni member

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