



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 MAR -2 PM 2:50

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Cypress Custom Fitness Solutions LLC

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

4820 S. Townsend Pl. Boise ID 83709

(Street Address)

(Mailing Address, if different than street address)

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

Stuart MacEwan

(Name)

4820 S. Townsend Pl. Boise ID 83709

(Street Address)

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

Name

Address

Stuart MacEwan

4820 S. Townsend Pl. Boise ID 83709

Melissa Livingston

5253 Morris Hill Boise ID 83706

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

4820 S. Townsend Pl. Boise ID 83709

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Stuart MacEwan

Signature

Typed Name: Melissa Livingston

Secretary of State use only

IDAHO SECRETARY OF STATE
03/02/2011 05:00
CK: 619508 CT: 172099 BH: 1262374
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