

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

11 OCT 31 AM 9: 11

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1. The name of the limited liability company is: Secretary of STATE STATE OF IDATO
Snake River Cross fit LLC STATE OF IDAHO
2. The complete street and mailing addresses of the initial designated/principal office:
4154 N. Meadow Ridge CR.
(Street Address) Twin Falls 20 83301
(Mailing Address, if different than street address)
3. The name and complete street address of the registered agent:
Facilia Reed 4154 N. Meadow Ridge Cr.
(Name) Earl W. Reed 4154 N. Meadow Ridge Cr. (Street Address) Twin Falls IO
83301
4. The name and address of at least one member or manager of the limited liability company:
Name Address
Earl W Reed 4154N Meadow Ridge (P. Twinfall) ID
83301
E. Mailing addraga for future correspondence (appual report potices):
5. Mailing address for future correspondence (annual report notices):
4154 N. Mandow Ridy Cr. Twinfalls, ID 88301
6. Future effective date of filing (optional):
Signature of a manager, member or authorized
person.
Secretary of State use only
Signature Calculation State of the Calculation
Typed Name: Favl w Pead
Signature
Tyned Name
10/31/2011 05 = 00
CK: 1485 CT: 263751 BH: 1296246 1 9 199.00 = 100.00 GRGAN LLC # 2
1 9 29.98 = 20.00 EXPEDITE C # 3