



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

MAR 26 PM 2:22

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Shanny Cohen Personal Training LLC

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

1517 Warm Springs RD APT #15 Ketchum ID 83340
(Street Address)

POB 4738 Ketchum ID 83340
(Mailing Address, if different than street address)

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

Shanny Cohen
(Name)

1517 Warm Springs RD APT #15
(Street Address)

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

Shanny Cohen
Name

POB 4738 Ketchum ID 83340
Address

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

POB 4738 Ketchum ID 83340

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

Signature of a manager, member or authorized person.

Signature [Handwritten Signature]
Typed Name: Shanny Cohen

Signature _____
Typed Name: _____

Secretary of State use only

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03/26/2013 05:00
CK: 1336425 CT: 172899 BH: 1366492
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