



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

12 MAY 10 AM 9:07
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

COREFIT CROSSTRAINING, LLC.

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

5025 SUNSET RD FRUITLAND, ID 83619

(Street Address)

P.O. Box 37 FRUITLAND, ID 83619

(Mailing Address, if different than street address)

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

BRIAN WALLACE
(Name)

5025 SUNSET RD FRUITLAND, ID 83619
(Street Address)

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

Name

Address

BRIAN WALLACE

5025 SUNSET RD FRUITLAND, ID 83619

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

P.O. Box 37 FRUITLAND, ID 83619

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

Signature of a manager, member or authorized person.

Signature [Signature]
Typed Name: BRIAN WALLACE

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/10/2012 05:00
CK: 5561 CT: 270249 BH: 1323620
1 @ 100.00 = 100.00 ORGAN LLC # 2

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