

## CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 NOV 17 AM 8: 28

1. The name of the limited liability company is:  Fit 4 Outv LLC.  SECOND STATE OF	OF STATE FIDAHO
Fit / Duty LLC.	
2. The complete street and mailing addresses of the initial designated/principal office:	
26300 White Rd Lapuni ID 83540	.
(Street Address)	
(Mailing Address, if different than street address)	
3. The name and complete street address of the registered agent:	
Nathan L Yoler 26300 White Rd Capuni IJ 83540 (Street Address)	
The name and address of at least one member or manager of the limited liability company:	•
Name Address	
Nathan LYoder 26300 White RJ Capuai IJ 83540  Jessica L Bixby 26300 White RJ Capuai IJ 83540	.
J. 200 (1) 1 01/2 1 TI 825/2	
Jessica L Bixby 26000 White RV Capuni 10 80390	-
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and the second s	
5. Mailing address for future correspondence (annual report notices):	
26300 White Rd Lapuai Id 83540	- 1
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6. Future effective date of filing (optional):	-
Signature of a manager, member or authorized person.	
Secretary of State use only	
Signature / Aut / June / Signature	
Typed Name: Nathan Lyoder	
Signature	
Typed Name: IDAHO SECRETARY OF STOTE	
CK: 1895 CI: 223777 PH: 1917	1 <b>0</b>
Cert_org_ Nc Rev. 07/2010 1 8 100.00 = 100.00 ORGAN LLC	# 2

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