

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 JUN -8 AM 9: 06

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

| | | pany is: | |
|--|--|---|---------------------------------------|
| | | BodyQuip LLC | |
| The compl | he complete street and mailing addresses of the initial designated/principal office: | | |
| | • | ne, Rexburg, Idaho 83440 | |
| (Street Addres | 38) | | |
| (Mailing Addre | ess, if different than street address) | | · |
| The name | and complete street addre | ss of the registered age | ent: |
| | M. Patrick Duffin | | exburg, idaho 83440 |
| (Name) | | (Street Address) | |
| The name company: | and address of at least on | e member or manager | of the limited liability |
| | Name | Address | |
| | Marty Duffin | 30 Jerry Lane, Rexburg, Idaho 83440 | |
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| Mailing ad | dress for future correspond | • | · · · · · · · · · · · · · · · · · · · |
| Mailing ad | • | dence (annual report no et, #218, Idaho Falls, Idaho 8 | · · · · · · · · · · · · · · · · · · · |
| | 3270 E. 17th Stree | et, #218, Idaho Falls, Idaho 8 | · · · · · · · · · · · · · · · · · · · |
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| Future effe | 3270 E. 17th Stree ective date of filing (optional ganizer(s). (An organizer is a r | et, #218, idaho Falls, idaho 8 | · · · · · · · · · · · · · · · · · · · |
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