Rpt # 6

Phone: (503) 986-2200
Fax: (503) 378-4381

Articles of Organization—Limited Liability Company

Secretary of State
Corporation Division
255 Capitol St. NE, Suite 151
Salem, OR 97310-1327
FilingInOregon.com

FILED
APR 17 2006
OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 354380-92
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In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in **Black** Ink. Attach Additional Sheet if Necessary.

1) **NAME** (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.")

Extreme Training LLC

2) **DURATION** (Please check one.)

☐ Latest date upon which the Limited Liability Company is to dissolve is _____

☒ Duration shall be perpetual.

3) **NAME OF THE INITIAL REGISTERED AGENT**

Stephanie Young

4) **REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS** (Must be an **Oregon Street Address**, which is identical to the registered agent's business office.)

~~Ste~~ 2167 SW Yamhill #3
Portland, OR
97205

5) **ADDRESS WHERE THE DIVISION MAY MAIL NOTICES**

same as above

6) **NAME AND ADDRESS OF EACH ORGANIZER**

Stephanie Young
2167 SW Yamhill #3
Portland, OR 97205

7) **IF THIS LIMITED LIABILITY COMPANY IS NOT MEMBER MANAGED, CHECK ONE BOX BELOW.**

☒ This limited liability company is managed by a single manager.

☐ This limited liability company is managed by multiple manager(s).

8) **IF RENDERING A PROFESSIONAL SERVICE OR SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED.**

Personal Training

9) **OPTIONAL PROVISIONS** (Attach a separate sheet if necessary.)

10) **EXECUTION** (The title for each signer must be "Organizer.")

Signature	Printed Name	Title
[signature]	Stephanie Young	Organizer
		Organizer
		Organizer

11) **CONTACT NAME** (To resolve questions with this filing.)

Stephanie Young

DAYTIME PHONE NUMBER (Include area code.)

(208) 630 4132

FEES

Required Processing Fee $50
Confirmation Copy (Optional) $5

Processing Fees are nonrefundable.

Please make check payable to "Corporation Division."

NOTE:
Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.

151 (Rev. 01/06)

4/17