		W 1630
	FORGANIZATION BILITY COMPANY of State of Idaho, e, Idaho 83720	
The name of the limited liability com Darryl G. Moffett, Jr. Ent		
The address of the initial registered of	office is: 2860 Channing Way,	Suite 106,
Idaho Falls, Idaho, 83404	(not a PO Box)	f the initial registered
agent at that address is:		
Signature of registered agent :	D'Motreel	
	<u> </u>	
The latest date certain on which the l	limited liability company will dissol	ve: 12-31-2040
	/	managers?
Yes If management is vested in one or m	No (check appropriate box)	ind address(es) of at
	No (check appropriate box) nore manager(s), list the name(s) a ment is vested in the members, list	ind address(es) of at
Yes If management is vested in one or m least one initial manager. If manager address(es) of at least one initial mer	No (check appropriate box) nore manager(s), list the name(s) a ment is vested in the members, list mber.	ind address(es) of at the name(s) and
Yes If management is vested in one or m least one initial manager. If manager address(es) of at least one initial mer <u>Name:</u>	No (check appropriate box) nore manager(s), list the name(s) a ment is vested in the members, list mber. <u>Address:</u>	Ind address(es) of at the name(s) and Suite 106
Yes If management is vested in one or m least one initial manager. If manager address(es) of at least one initial mer <u>Name:</u>	No (check appropriate box) nore manager(s), list the name(s) a ment is vested in the members, list mber. <u>Address:</u> 2860 Channing Way,	Ind address(es) of at the name(s) and Suite 106
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Yes If management is vested in one or m least one initial manager. If manager address(es) of at least one initial mer <u>Name:</u> Darryl G. Moffett, Jr. Signature of at least one person liste DMoffCM	No (check appropriate box) nore manager(s), list the name(s) a ment is vested in the members, list mber. <u>Address:</u> <u>2860 Channing Way,</u> Idaho Falls, Idaho ed in #5 above:	Ind address(es) of at the name(s) and Suite 106
Yes If management is vested in one or m least one initial manager. If manager address(es) of at least one initial mer <u>Name:</u> Darryl G. Moffett, Jr. Signature of at least one person liste DMoffCUM	No (check appropriate box) nore manager(s), list the name(s) a ment is vested in the members, list mber. <u>Address:</u> <u>2860 Channing Way,</u> Idaho Falls, Idaho ed in #5 above: Secretary of DAN SECTET	Ind address(es) of at the name(s) and Suite 106 83404
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