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	I IMITED I IAR	ILITY COMPAN	Ŷ	SECRETARY OF ST
		back of application)		STATE OF IDAHS
Them	ame of the limited liability			
	th Canyon Cabins LLC			
		registered office is:		
	treet address of the initial i			
	50 West Comisky Dr., Boi		address is:	
	he name of the initial regis	tered agent at the above	8001000 101	
	d K Jones			
	mailing address for future o			
	50 West Comisky Dr., Bo			
4. Mari	agement of the limited liab	ility company will be vest	ed in:	
	<b>—</b>	s) (please check the a	propriate box)	
5. Ifma	ager(s) $\checkmark$ or Member(s) anagement is to be vested ress(es) of at least one init nber(s), list the name(s) ar	in one or more manager	(s), list the nar thent is to be ve	
5. Ifma	i to a strandad	in one or more manager ial manager. If managen nd address(es) of at leas	(s), list the nar nent is to be ve t one initial me Addres	ember.
5. Ifma addi men	anagement is to be vested ress(es) of at least one init nber(s), list the name(s) ar	in one or more manager	(s), list the nar nent is to be ve t one initial me Addres	ember.
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5. If ma addi men	anagement is to be vested ress(es) of at least one init nber(s), list the name(s) ar Name add K Jones	in one or more manager ial manager. If managen nd address(es) of at leas	(s), list the nar nent is to be ve t one initial me Addres omisky Dr., Bo	ember. is bise ID 83713
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