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	ARTICLES OF OF LIMITED LIABILIT (Instructions on back	TYCOMPANY	FALLE AH 9:45
-			CELEDISTAN 45
Ι.	The name of the limited liability composite Spitz Family LLC	pany is:	UNE CONTRACTOR
2.	The street address of the initial regist 4417 Leesburg Circle, Idaho Falls,		
	and the name of the initial registered Darin Spitz		ess is:
3.	The mailing address for future correspondence	pondence is:	
	4417 Leesburg Circle, Idaho Falls,		
		mpany will be vested in:	
4.	Management of the limited liability con		
5.	Management of the limited liability con Manager(s) or Member(s) v If management is to be vested in one of address(es) or at least one initial man member(s), list the name(s) and address	(please check the appropriate) or more manager(s), list t ager. If management is to	he name(s) and
5.	Manager(s) or Member(s) If management is to be vested in one of address(es) or at least one initial man	(please check the appropriate or more manager(s), list t ager. If management is to ess(es) of at least one ini	he name(s) and
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5.	Manager(s) or Member(s) If management is to be vested in one of address(es) or at least one initial man member(s), list the name(s) and address Name Darin Spitz	(please check the appropriate or more manager(s), list t hager. If management is to ess(es) of at least one init 4417 Leesburg Circle,	he name(s) and o be vested in the tial member. Address Idaho Falls, Idaho, 83404
5.	Manager(s) or Member(s) v If management is to be vested in one of address(es) or at least one initial man member(s), list the name(s) and addre Name Darin Spitz Signature of at least one person respo	(please check the appropriate or more manager(s), list t ager. If management is to ess(es) of at least one init 4417 Leesburg Circle,	he name(s) and o be vested in the tial member. Address Idaho Falls, Idaho, 83404
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5. 6. 3 S T C	Manager(s) cr Member(s) r If management is to be vested in one of address(es) or at least one initial man member(s), list the name(s) and addre Name Darin Spitz Signature of at least one person respondent Signature: Signature: Signatur	(please check the appropriate or more manager(s), list t ager. If management is to ess(es) of at least one init 4417 Leesburg Circle,	he name(s) and o be vested in the tial member. Address Idaho Falls, Idaho, 8340/ Idaho Falls, Idaho, 8340/ Idaho Falls, Idaho, 8340/
5. 6. : 5. T C S T	Manager(s) cr Member(s) r If management is to be vested in one of address(es) or at least one initial man member(s), list the name(s) and addre Name Darin Spitz Signature of at least one person respondent Signature: Cary L. Meikle	(please check the appropriate or more manager(s), list t lager. If management is to ess(es) of at least one init 4417 Leesburg Circle, 	he name(s) and o be vested in the tial member. Address Idaho Falls, Idaho, 83404