SEP 20 12 51 HAJTED LIABILITY COMPANY

(Instructions on back of application)



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|----|--|----------|-------------------------|--------------|------------|--|
| 1. | The name of the limited liability compan | y is | S: MONTE | GO PROPER | TIES. | <u>L.C.</u> |
| 2. | The address of the initial registered office is: 3400 S. Montego Way, Nampa (not a PO Box) Idaho 83686 — and the name of the initial registered agent at that address is: David A. Bills | | | | | |
| | | | | | | |
| 3. | Is management of the limited liability cor X Yes | npa] | iny vested No (check | in a manage | er or mana | agers? |
| 4. | If management is vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is vested in the members, list the name(s) and address(es) of at least one initial member. Name: Address: | | | | | |
| | David A. Bills | - | 3400 S. | Montego 1 | Way, Nam | pa, ID 83686 |
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| | | - | | | | |
| 5. | Signature of at least one person listed in | า # | above: | | | |
| | David A. Bills | | | | | |
| | | | pm6 Revised 6/97 | | 99/20/2 | RETARY OF STATE |