	back of application) <b>FILED EFFECTI</b>
1. The name of the limited liability	
Adrienne's Attic LLC	JINECO
<ol> <li>The complete street and mailin 561 Main Ave E, Twin Falls, ID 833</li> </ol>	ng addresses of the initial designated office:
(Street Address) 1712 Maplewood Dr, Twin Falls, ID (Mailing Address, if different than street addr	83301
3. The name and complete street	address of the registered agent:
Adrienne Petersen	1712 Maplewood Dr, Twin Falls, ID 83301
(Name)	(Street Address)
<ol> <li>The name and address of at lea company: <u>Name</u></li> </ol>	east one member or manager of the limited liability
Robert Patterson	1712 Maplewood Dr, Twin Falls, ID 83301
Adrienne Petersen	1712 Maplewood Dr, Twin Falls, ID 83301
***************************************	
<u> </u>	
<ol> <li>Mailing address for future corre 1712 Maplewood Dr, Twin Falls, ID</li> </ol>	espondence (annual report notices):
5. Future effective date of filing (o	optional):
ignature of a manager, membe	er or authorized
erson.	← Secretary of State use only
ignature adverse Pete	insen_
yped Name: Adrienne Petersen	IDAND SECRETARY OF STATE
	10/10/2012 05:00 CX: 1091 CT: 270915 BH: 1343080
ignature	1 8 180.00 = 199.00 ORGAN LLC N

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