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		e e f	of application	1)	CRETARY O	
	ame of the limited		npany is:		STATE OF IC	DAHO
	treet address of th		stered office i	s:		
1036	E. Iron Eagle Dr.	, Ste. 105, E	agle, ID 836	16		
	ne name of the init c E. Wight	tial registered	d agent at the	above ad	dress is:	
	nailing address for					
1036	E. Iron Eagle Dr.	., Ste. 105, E	agle, ID 836	16		
4. The li	mited liability com	pany will be:				
Mana	ger-managed 🗸	j or Membe	r-managed	(plea:	e check the appr	opriate box)
5. If mar	ger-managed nager-managed, li nber-managed, lis <u>Name</u>	ist the name(	s) and addre	ss(es) of a ss(es) of a	t least one i	nitial manager
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