 agent at the above address is: Rachael Maxon 3. The mailing address for future correspondence : 2309 N Mountain View Dr suite 162 Boise Id 83706 4. Management of the limited liability company will be vested in: Manager(s) or Member(s) . (please check the appropriate box) 5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of 				FFECTIV
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 5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the members, list the name(s) and address(es) of at least one initial member. Name <u>Name</u> <u>Address</u> <u>Rachael Maxon</u> <u>2309 N Mountain View Dr suite 162 Boise Id 83</u> <u>Signature of at least one person responsible for forming the limited liability company:</u> Signature <u>Rachael Maxon</u> <u>Signature Rachael Maxon</u> <u>Signature Manager</u> <u>Signature Typed Name Rachael Maxon</u> <u>Signature Typed Name</u> <u>Signature Manager</u> <u>Signature M</u>	4. Manager	nent of the limited liability com	pany will be vested in:	
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