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	ame of the limited I	is on back of applicat	lion)	SECRETARY OF S	10
2. The st		initial registered office 3, Post Falls, ID 8385		· · · · · · · · · · · · · · · · · · ·	
and th		I registered agent at t		dress is:	
3. The m	ailing address for fu	uture correspondence 3, Post Falls, ID 8385			
 4. The lir	nited liability compa	ny will be:			
Mana					
	ger-managed		· · ·	e check the appropriate box)	
5. If man	ager-managed, list	the name(s) and add	ress(es) of at ress(es) of at	e check the appropriate box) least one initial manag least one initial membe <u>ddress</u>	-
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5. If man If men	ager-managed, list hber-managed, list t <u>Name</u> es Morse	the name(s) and add he name(s) and addr 3847 Min	ress(es) of at ress(es) of at Aners Loop, Co	least one initial manag least one initial membe ddress	ər.
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