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(Instructions on back of application)

SEGNETARY OF STATE

W60921

1.	The name of the limited liability comp	any is:			STATE OF IDAHO"
	Triple E Development LLC	· · · · · · · · · · · · · · · · · · ·			F-49-16.
2.	The street address of the initial registered office is: 1500 Eldorado Boise, ID 83704				
	and the name of the initial registered	agent at the	above add	ress is:	
	John T Ewing				
3.	The mailing address for future correspondence is:				
	1500 Eldorado Boise, ID 83704				
4.	Management of the limited liability company will be vested in:				
	Manager(s) ✓ or Member(s) (please check the appropriate box)				
	manager(e) E er member(e) E	(piease die	ck the approprie	ie box)	
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 member(s), list the name(s) and address(es) of at least one initial member.				
	Name Address				
	John T Ewing 1500 Eldorado Boise, ID 83704				
	Note Literated Dolog, 1D Gol Gr				
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6.	Signature of at least one person responsible for forming the limited liability company:				
	Signature:	0			of State use only
•	Typed Name: John T Ewing	5	ggd uog	Conouny	or oraco use oray
(Capacity: Manager		rpWormst L.C. formshartsuforgarization pGS Revised 0772002		
			skartsofi)?		TERM REPRESENTATION OF TOTAL
	Signature		ormski i Cfarmsk Revised 0772002		IDAHO SECRETARY OF STATE 3/27/2007 05:01
	Typed Name:		Revised	CX: 1 8	1239 CT: 186544 BH: 164387 188.80 = 188.88 ORGAN LLC
(Capacity:		Age _	•	