	back of application)	
1. The name of the limited liability company is:		
······································	en Property Management, LLC	-
223 West Center Street, Shelley, ID 8	addresses of the initial designated/principal office: 83274	
(Street Address) PO BOX 542, Ucon, ID 83454		
(Mailing Address, if different than street addre		
3. The name and complete street a	address of the registered agent:	
Hansen Group Company, Inc	PO BOX 542, Ucon, ID 83454	
(Name)	(Street Address)	-
	st one member or manager of the limited liability	
company: Name	Address	
Hansen Group Company, Inc	PO BOX 542, Ucon, ID 83454	
aan aa ay ahaa ahaa ahaa ahaa ahaa ahaa		
······································	········	-
	·	
5. Mailing address for future corres	mandanan (annual ranad antiana)	
PO BOX 542, Ucon, ID 83454	pondence (annual report notices).	· .
5. Future effective date of filing (op	tional):	
ignature of a manager, member	or authorized	х. - П
erson.	Secretary of State use only	
ignature 110		
yped Name: Fry Hapsen Fres. Hans	sen Group Co.	
. <u>Tanan kana kana kana kana kana kana kana</u>		
ignature		
yped Name:		STATE