			FILED	
	S OF ORGANIZA LIABILITY COM	PANY 2005 NOV 2	FILED EFF	EC
1. The name of the limited Gale Capital Investing,	liability company is:	STATE (iy of state DF IDAHO	ł
2. The street address of the	e initial registered office is	5		
970 NE Union Moun	tain Home, ID. 83647			
and the name of the initia	al registered agent at the	above address is:		
Benjamin Gale	·			1
3. The mailing address for f	future correspondence is:			
970 NE Union Mount	ain Home, ID. 83647			
4. Management of the limit	ed liability company will be	e vested in:		
	mber(s) (please chec	ck the appropriate box)		
Manager(s) ✓ or Me				
5. If management is to be v address(es) of at least o	ested in one or more man ne initial manager. If man e(s) and address(es) of at	agement is to be vest	ted in the	
5. If management is to be v address(es) of at least o member(s), list the name Name	ne initial manager. If man	agement is to be vest	ted in the	
5. If management is to be v address(es) of at least o member(s), list the name Name Benjamin Gale	ne initial manager. If man	agement is to be vest least one initial mem	ted in the	
5. If management is to be v address(es) of at least o member(s), list the name Name Benjamin Gale 970 NE Union	ne initial manager. If man e(s) and address(es) of at	agement is to be vest least one initial mem	ted in the	
5. If management is to be v address(es) of at least o member(s), list the name Name Benjamin Gale	ne initial manager. If man e(s) and address(es) of at	agement is to be vest least one initial mem	ted in the	
5. If management is to be v address(es) of at least o member(s), list the name Name Benjamin Gale 970 NE Union	ne initial manager. If man e(s) and address(es) of at	agement is to be vest least one initial mem	ted in the	
5. If management is to be v address(es) of at least o member(s), list the name Name Benjamin Gale 970 NE Union	ne initial manager. If man e(s) and address(es) of at	agement is to be vest least one initial mem	ted in the	
5. If management is to be v address(es) of at least o member(s), list the name <u>Renjamin Gale</u> <u>970 NE Union</u> <u>Mountain Home, ID. 83</u>	ne initial manager. If man e(s) and address(es) of at 3647	agement is to be vest least one initial mem Address	led in the ber.	
 5. If management is to be v address(es) of at least o member(s), list the name <u>Benjamin Gale</u> 970 NE Union Mountain Home, ID. 83 6. Signature of at least one 	ne initial manager. If man e(s) and address(es) of at 3647	agement is to be vest least one initial mem Address	led in the ber.	
 5. If management is to be v address(es) of at least o member(s), list the name <u>Name</u> <u>Benjamin Gale</u> <u>970 NE Union</u> <u>Mountain Home, ID. 83</u> 6. Signature of at least one Signature:	ne initial manager. If man e(s) and address(es) of at 3647 person responsible for fo	agement is to be vest least one initial mem Address	led in the ber.	
 5. If management is to be v address(es) of at least o member(s), list the name <u>Benjamin Gale</u> 970 NE Union Mountain Home, ID. 83 6. Signature of at least one 	ne initial manager. If man e(s) and address(es) of at 3647 person responsible for fo	agement is to be vest least one initial mem Address	ility company:	
 5. If management is to be v address(es) of at least o member(s), list the name <u>Benjamin Gale</u> <u>970 NE Union</u> <u>Mountain Home, ID. 83</u> 6. Signature of at least one Signature: Typed Name: <u>Benjamin (</u> Capacity: <u>Owner/Manage</u> 	ne initial manager. If man e(s) and address(es) of at 3647 person responsible for fo Gale er	agement is to be vest least one initial mem Address	ility company:	
 5. If management is to be v address(es) of at least o member(s), list the name <u>Benjamin Gale</u> <u>970 NE Union</u> <u>Mountain Home, ID. 83</u> 6. Signature of at least one Signature: Typed Name: <u>Benjamin (</u> 	ne initial manager. If man e(s) and address(es) of at 3647 person responsible for fo Gale er	agement is to be vest least one initial mem Address	ility company:	00