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A A A A A A A A A A A A A A A A A A A	(Instructions on be	ack of application)	SECRETARY OF STATE
1. The name of 1	the limited liability co		STATE OF IDAHO
Crenshaw R			
2. The street add	lress of the initial reg	istered office is:	
	Idaho Falls, Idaho I		
and the name	of the initial registere	ed agent at the abov	e address is
Scott B. Cren	shaw		
3. The mailing ad	dress for future corre	espondence is:	
	Idaho Falls, Idaho 8		
4. Management o	f the limited liability c	company will be vest	ed in:
		7	
Manager(s)	is to be vested in on		a) 17 - 14
5. If management address(es) of a	is to be vested in one at least one initial ma the name(s) and add	e or more manager(	s), list the name(s) and
5. If management address(es) of a member(s), list	is to be vested in one at least one initial ma the name(s) and add Name	e or more manager(i inager. If managem iress(es) of at least (	s), list the name(s) and ent is to be vested in the one initial member. Address
5. If management address(es) of a	is to be vested in one at least one initial ma the name(s) and add Name	e or more manager(i inager. If managem iress(es) of at least (	s), list the name(s) and ent is to be vested in the one initial member.
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5. If management address(es) of a member(s), list <u>Scott B. Crens</u>	is to be vested in one at least one initial ma the name(s) and add Name shaw	e or more manager( anager. If managem dress(es) of at least 905 J Street, Ida	s), list the name(s) and ent is to be vested in the one initial member. Address ho Falls, Idaho 83402
5. If management address(es) of a member(s), list <u>Scott B. Crens</u>	is to be vested in one at least one initial ma the name(s) and add Name shaw	e or more manager( anager. If managem dress(es) of at least 905 J Street, Ida	s), list the name(s) and ent is to be vested in the one initial member. Address ho Falls, Idaho 83402 he limited liability company:
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5. If management address(es) of a member(s), list Scott B. Crens Signature of at lea Signature: Typed Name: Sco Capacity: Member	is to be vested in one at least one initial mather the name(s) and add Name shaw	e or more manager( anager. If managem dress(es) of at least of <u>905 J Street, Ida</u>	s), list the name(s) and ent is to be vested in the one initial member. Address ho Falls, Idaho 83402 he limited liability company: