			FILED
	LIMITED LIABI	ORGANIZATION	PILED EFFER
-	·		CHARE OF IDAHO
	ne of the limited liability of , Ltd. <sub>Co</sub>	company is:	NAME LA IDAHO
	reet address of the initial re	egistered office is:	
	outh Corbin Road, Post Fa	-	
	e name of the initial registe e T. Campbell	ered agent at the above ad	dress is:
B. Them	ailing address for future co	prrespondence is:	
<u>35 S</u>	outh Corbin Road, Post Fa	alls, Idaho 83854	
. Manag	gement of the limited liabilit	ty company will be vested i	n:
. If man addres	ss(es) of at least one initial	one or more manager(s), l manager. If management address(es) of at least one	ist the name(s) and is to be vested in the
. If man addres	agement is to be vested in ss(es) of at least one initial	one or more manager(s), l I manager. If management	ist the name(s) and is to be vested in the
5. If man addres memb	agement is to be vested in ss(es) of at least one initial er(s), list the name(s) and	one or more manager(s), l manager. If management address(es) of at least one	ist the name(s) and is to be vested in the initial member.
i. If man addres memb	agement is to be vested in ss(es) of at least one initial er(s), list the name(s) and Name	one or more manager(s), l manager. If management address(es) of at least one	ist the name(s) and is to be vested in the initial member. Address
5. If man addres memb <u>Bruc</u>	agement is to be vested in ss(es) of at least one initial er(s), list the name(s) and Name e T. Campbell	one or more manager(s), l manager. If management address(es) of at least one	ist the name(s) and is to be vested in the initial member. Address I., Post Falls, ID 83854
5. If man addres memb <u>Bruc</u>  6. Signat Signatu Typed I	agement is to be vested in ss(es) of at least one initial er(s), list the name(s) and Name e T. Campbell	one or more manager(s), I Imanager. If management address(es) of at least one 35 South Corbin Rd	ist the name(s) and is to be vested in the initial member. Address I., Post Falls, ID 83854
5. If man addres memb <u>Bruc</u> 	agement is to be vested in ss(es) of at least one initial er(s), list the name(s) and Name e T. Campbell e T. Campbell ure of at least one person in tre:	one or more manager(s), I Imanager. If management address(es) of at least one 35 South Corbin Rd	ist the name(s) and is to be vested in the initial member. Address I., Post Falls, ID 83854