							-iles	
		TICLES C MITED LIA (Instructions	ABILIT	Y CON	IPANY			EFFEC.
	The name of Hand-in-Ha	the limited lia nd, LLC	bility com	npany is:		SECRETARY (STATE OF	J SIALE	
	7509 West	ldress of the in Camas Boise,	ID 8370	9	- -	· · ·		
	and the nam	e of the initial r ralla	egistered	l agent at th	ne above a	address is:		
	•	address for fut ite Hawk Stree						
N 5. li	Manager-ma If manager-r	ability compan naged or nanaged, list th anaged, list the	r Member ne name(s	s) and addr	ess(es) of	at least one in	nitial mana	
N 5. li	Manager-ma If manager-r	naged or nanaged, list th anaged, list the <u>Name</u>	r Member ne name(s	s) and addr and addre	ess(es) of	f at least one i	nitial mana itial meml	
N 5. li	Manager-ma If manager-r If member-m	naged or nanaged, list th anaged, list the <u>Name</u>	r Member ne name(s	s) and addr and addre	ess(es) of	f at least one in at least one in <u>Address</u>	nitial mana itial meml	
6. S Ty C.	Manager-ma If manager-r If member-rr Jennifer Po Signature of Signature of Signature Me	naged ist thanaged, list thanaged, l	r Member he name(s e name(s	s) and addr) and addre 7509 Wes	ess(es) of ess(es) of st Camas	f at least one in Address Boise, ID 837 be limited liab Secretary of St	hitial mana itial memi 709 Ility compa ate use only ECRETARY OF	ber.
5. If If 6. S Si Ty C. Si	Manager-ma	naged ist thanaged, list than anaged, list than	r Member ne name(s e name(s e name(s	s) and addre	ess(es) of ess(es) of st Camas	f at least one in Address Boise, ID 837 be limited liab Secretary of St	hitial mana itial memi 709 Ility compa ate use only ECRETARY OF 72008 E 190.08 OR	ber.