

FILED EFFECTIVE (Instructions on back of application)

	•		:ECR-Notation Const
1.	The name of the limited liability comp	any is:	STATE OF THE STATE
	Bena, LLC		
2	The street address of the initial registered office is:		
2.			
	400 1st Avenue North, Suite 210, Ketchum, ID 83340		
	and the name of the initial registered agent at the above address is:		
	Matthew Cosgriff		
2	The mailing address for future correspondence is:		
٥.	P.O. Box 4803, Ketchum, ID 83340		
4.	Management of the limited liability company will be vested in: Manager(s) or Member(s) (please check the appropriate box)		
5.	If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the		
member(s), list the name(s) and address(es) of at least one initial member.			one initial member.
		, ,	Address
	Name		Cumicas
	Matthew Cosgriff P.O. Box 4803, Ketchum, ID 83340		
6.	Signature of at least one person responsible for forming the limited liability company:		
			Secretary of State use only
	Typed Name: Matthew Cosgriff	organization p65	
	Capacity: Manager		
	4	ms/artsc	IDAHO SECRETARY OF STATE
	Signature	forms/LC forms/	CK: 1361 CT: 193472 BH: 91617
	Typed Name:	rpitorms/LLC forms/artso	ו ב זמט.מט ב נפס.מט טואטאר בענ ז
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