		ORGANIZATION LITY COMPANY	
THE REAL PROPERTY AND A DECIMAL OF A DECIMALO OF A DECIMALO OF A DECIMALO OF A DECIMAL OF A DECIMAL OF A DECI	(Instructions on ba	ack of application)	2005 MAR - 9 AN
1. The name of <u>Petals, LLC</u>	the limited liability co	ompany is:	
2. The street ac	ldress of the initial reg	gistered office is:	
	s Loop, Post Falls, II		
and the name Trisha Evar		ed agent at the above addre	ess is:
. The mailing a	ddress for future corr	espondence is	
	Loop, Post Falls, IE		
		company will be vested in:	
Manager(s) If managemer address(es) o	i al least one initial m	(please check the appropriate ne or more manager(s), list t hanager. If management is to ldress(es) of at least one ini	the name(s) and
Manager(s) If managemer address(es) o	nt is to be vested in or f at least one initial m	ne or more manager(s), list i nanager. If management is to Idress(es) of at least one ini	the name(s) and
Manager(s) If managemer address(es) o	nt is to be vested in or f at least one initial m st the name(s) and ad Name	ne or more manager(s), list i nanager. If management is to Idress(es) of at least one ini	the name(s) and o be vested in the tial member. Address
Manager(s) If managemer address(es) o member(s), lis	nt is to be vested in or f at least one initial m st the name(s) and ad Name	ne or more manager(s), list i lanager. If management is to ldress(es) of at least one ini	the name(s) and o be vested in the tial member. Address
Manager(s) If managemen address(es) o member(s), lis Trisha Evans	nt is to be vested in or f at least one initial m st the name(s) and ad Name	ponsible for forming the limi	the name(s) and o be vested in the tial member. Address t Falls, ID 83854
Manager(s) If managemer address(es) o member(s), lis Trisha Evans Signature of at Signature:	nt is to be vested in or f at least one initial m st the name(s) and ad Name	ne or more manager(s), list f hanager. If management is to ldress(es) of at least one ini 700 N Coles Loop, Pos	the name(s) and o be vested in the tial member. Address t Falls, ID 83854
Manager(s) If managemer address(es) o member(s), lis Trisha Evans Signature of at Signature: Typed Name: T Capacity: Preside Signature	nt is to be vested in or f at least one initial m st the name(s) and ad Name	ponsible for forming the limi	the name(s) and o be vested in the tial member. Address t Falls, ID 83854