FILED EFFECTIVE

(Instruc	ctions on back of	application)	SECRET	16 - 8 A 8: 48 ARY OF STATE OF IDAHO
1. The name of the limite	d liability compar	ny is:	STATE	OF IDAHO
AMAC CO. LLC.		<u> </u>		• • • • • • • • • • • • • • • • • • •
2. The street address of t	he initial register	ed office is:		* # Hiter
1391 N MIDTOWN S			,,,,,,,,,	
and the name of the in	itial registered ag	gent at the abo	ve address	is:
A. W. MCCURRY				
3. The mailing address for	or future correspo	ondence is:		
1391 N MIDTOWN S				
			ested in:	
4. Management of the lin				
Manager(\$) 🔽 or N	Member(s)	(please check the	e appropriate box)
C. If management is to be	e vested in one o	r more manag	er(s), list the	e name(s) and
5. If management is to be address(es) or at leas member(s), list the na Nam	t one initial mana me(s) and addre	ager. If manag	ement is to r ast one initia	De vesteu in the
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