			FILED EFFECTIVE
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	E OF ORGAN IABILITY COI		10 FEB 25 AN 8: 37
(Instruction	is on back of applica	tion)	
1. The name of the limited I			SECHERARY OF STATE STATE OF IDAHO
	Downtown As	ia, LLC	· · · · · · · · · · · · · · · · · · ·
2. The complete street and r	mailing addresses of 3989 S. Brigham Ave. M		gnated/principal office:
(Street Address)			
(Mailing Address, if different than str	eet address)		
3. The name and complete s	street address of the	registered age	nt:
Vinali Vilay	39	89 S. Brigham Av	e. Meridian, ID 83642
(Name)	(Street Add		······································
Vinaii Vilay Sonny Vongsayarat		3989 S. Brigham Ave. Meridian, ID 83642 9413 W. Cascade St. Boise, ID 83704	
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5. Mailing address for future	correspondence (an 3989 S. Brigham Ave. M		
6. Future effective date of fil	ing (optional):	-	n na sana na sana na na sana na na sana sana sana na sana na sana sana na sana sana sana sana sana sana sana s Ana sana sana sana sana sana sana sana s
Signature of organizer(s). (An c acting in behalf of a member or me		is	
Signature		CIMA ti	Secretary of State use only
	aii Vilay	ant_ong_lic.PMIC	490970.
Signature m 4/1	ō —	formal/ 2008	IDANO SECRETARY OF STATE 22/25/2010 05:00 (K: 1157 N: 19972 N: 1977
Typed Name: Sonme	Tongsayarath	opytoms/LLC Revtsed 07	1 0 100.00 = 100.00 ORGAN LL(
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