	5 NSI	ITY COMPANY	FILED EFFECTIVE
	(Instructions on ba	ack of application)	SECHARINE OF STATE STATE OF IDAHO
1.	The name of the limited liability co	ompany is:	OTAL CANDRAU
	Hyla Campbell Toye, LLC	<u></u>	
2.	The street address of the initial re-	gistered office is:	
	404 South 8th Street, Suite 310		·····
	and the name of the initial register		ress is:
	Hyla T. Toye		
_		roopondonco is:	
3.	The mailing address for future cor		
	404 South 8th Street, Suite 310		
4.	Management of the limited liability	y company will be vested in	1:
			- 4 + (h - m + r)
5	Manager(s) $\checkmark$ or Member(s) If management is to be vested in a address(es) of at least one initial	one or more manager(s), li manager. If management i	st the name(s) and s to be vested in the
5	If management is to be vested in (	one or more manager(s), li manager. If management i	st the name(s) and s to be vested in the
5	If management is to be vested in a address(es) of at least one initial member(s), list the name(s) and a	one or more manager(s), li manager. If management i address(es) of at least one	st the name(s) and s to be vested in the initial member.
5	If management is to be vested in a address(es) of at least one initial member(s), list the name(s) and a Name	one or more manager(s), li manager. If management i address(es) of at least one	st the name(s) and s to be vested in the initial member. Address
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5.	If management is to be vested in a address(es) of at least one initial member(s), list the name(s) and a Name Hyla T. Toye	one or more manager(s), li manager. If management i address(es) of at least one 404 S 8th St, Suite	st the name(s) and s to be vested in the initial member. Address 310; Boise, Idaho 83702
5.	If management is to be vested in a address(es) of at least one initial member(s), list the name(s) and a Name Hyla T. Toye 	one or more manager(s), li manager. If management i address(es) of at least one 404 S 8th St, Suite	st the name(s) and s to be vested in the initial member. Address 310; Boise, Idaho 83702
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