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(Instructions	DF ORGANIZATION ABILITY COMPANY son back of application)
1. The name of the limited liabi	
2. The street address of the Init 1735 W. KATHLEEN AVE	tial registered office is: NUE, COEUR D ALENE, ID.
and the name of the Initial report of the In	gistered agent at the above address is:
3. The mailing address for futur 1735 W. KATHLEEN AVE	e correspondence is: NUE, COEUR D ALENE, ID.
4. Management of the limited lia Manager(s) or Membe	ability company will be vested in: or(s) v (please check the appropriate box)
address(es) or at least one in	d in one or more manager(s), list the name(s) and hitial manager. If management is to be vested in the and address(es) of at least one initial member.
Name	Address
PAMELA J O'NEILL	6705 CALISPEL DRIVE, CDA, ID.
WILMA   ROBISON	11166 HAYDEN BLUFF LN, HAYDEN, ID.