	ORGANIZATION FILED EFFE
(Instructions on b	pack of application) 2007 FEB 28 AM
1. The name of the limited liability c ELK COUNTRY (CONSTRUCTION, UC SECRETARY OF S
2. The street address of the Initial re 1328 W ADEN CT	
and the name of the initial register	ered agent at the above address is:
3. The mailing address for future co	rrespondence is:
2900 N Government	WAY, BOY 75 COEVE D'ALEVE, 10 83815
4. Management of the limited liabilit	
5. If management is to be vested in	(please check the appropriate box) one or more manager(s), list the name(s) and manager. If management is to be vested in the
5. If management is to be vested in address(es) of at least one initial member(s), list the name(s) and Name	one or more manager(s), list the name(s) and manager. If management is to be vested in the address(es) of at least one initial member. Address
5. If management is to be vested in address(es) of at least one initial member(s), list the name(s) and	one or more manager(s), list the name(s) and manager. If management is to be vested in the address(es) of at least one initial member.
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 5. If management is to be vested in address(es) of at least one initial member(s), list the name(s) and in Name <u>Name</u> <u>KEVIN</u> LAMSON 3. Signature of at least one person in the second second	one or more manager(s), list the name(s) and manager. If management is to be vested in the address(es) of at least one initial member. Address 2900 N. Governeut Way Box 75 Coure D Areve ID 83815 responsible for forming the limited liability company:
5. If management is to be vested in address(es) of at least one initial member(s), list the name(s) and Name <u>Kevin Lomson</u>	one or more manager(s), list the name(s) and manager. If management is to be vested in the address(es) of at least one initial member. Address 2900 N. GOVERTING BOX TS 2900 N. GOVERTING BOX TS COCUR. TO ALEVE ID 83815 responsible for forming the limited liability company: Secretary of State use only
 5. If management is to be vested in address(es) of at least one initial member(s), list the name(s) and in Name <u>Name</u> <u>KEVIN</u> LAMSON B. Signature of at least one person in Signature: <u>Mun</u> 	one or more manager(s), list the name(s) and manager. If management is to be vested in the address(es) of at least one initial member. Address 2900 N. Governeut Way Box 75 Cocur. TO ALEVE ID 83815 responsible for forming the limited liability company: Secretary of State use only
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 5. If management is to be vested in address(es) of at least one initial member(s), list the name(s) and initial member(s), law (s) and initial member(s), list the name(s) and initial member(s), list the name(s) and initial member(s), law (s) and initial member(s), list the name(s) and initial member(s), law (s) and initial member(s), law (s) and list the name(s), l	one or more manager(s), list the name(s) and manager. If management is to be vested in the address(es) of at least one initial member. Address 2900 N. Governeut Way Box 75 Cocur. TO ALEVE ID 83815 responsible for forming the limited liability company: Secretary of State use only

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