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| COLUMN TO A | (Instructions on back of application) | | | | | 1000110 | |
| 1. The name | of the limited lia | bility compa | nv is: | | | SECRE STATE C | Y OF S |
| | | Clear Choice | • | pair LLC | | SIAIC | J. 107 - |
| • | lete street and ma gie dr. Post Falls id. 8 | • | ses of the | initial desig | nated/prin | cipal office: | |
| (Street Addre | | | | | | | |
| (Mailing Add | ress, if different than stree | t address) | | | | | _ |
| 3. The name | and complete str | reet address | of the regi | stered ager | it: | | |
| Caleb j. M | iller | | <u> </u> | . post falls id. | 83854 | | _ |
| (Name) | | (S | itreet Address) | | | | |
| 4. The name company: | and address of a | it least one r | nember or | manager of | the limite | d liability | |
| | Name | | | Add | <u>1985</u> | | |
| Caleb j. M | iller | 64 | l0 e. bogie di | r. post falls id. | 83854 | | |
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| 5. Mailing ad | dress for future c | orresponder | ice (annua | l report noti | ces): | | _ |
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| 640 e. bog 6. Future effo Signature of person. | ie dr. post falls id. 83 ective date of filin | g (optional): | | | | | |
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