



(Instructions on back of application)

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1.	The name of the limited liability comp	pany is:
	Buster & Stanley, LLC	
2.	The street address of the initial registe	ered office is:
	675 Sun Valley Road, Suite A, Keto	chum, ID 83340
	and the name of the initial registered a	agent at the above address is:
	James R. Laski	
3.	The mailing address for future corresp	pondence is:
	P.O. Box 268, Bellevue, ID 83340	
4.	Management of the limited liability cor	mpany will be vested in:
	Manager(s) or Member(s)	(please check the appropriate box)
5.	address(es) of at least one initial man	or more manager(s), list the name(s) and nager. If management is to be vested in the ress(es) of at least one initial member.
	Name	Address
	Eric Allen	P.O. Box 268, Bellevue, ID 83313
	270711011	
6.	Signature of at least fine person resp	oonsible for forming the limited liability company:
	Signature	Secretary of State use only
	TypedName James R. Laski	zation p
	Capacity: Organizer	
	Signature	IDAHO SECRETARY OF CK: 2050 CT: 159456 I
	Typed Name:	SUBSTRICT SECRETARY OF O7/20/2005 O7/20/2005 O7/20/2005 OK: 2050 CT: 159456 OK: 2050 CT: 159456 OK: 2050 CT: 159456 OK: 2050 OK:
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