Capacity: Manager

UT &	(Instructions on ba	ick of application)		<i>'2</i>
1.	The name of the limited liability co	mpany is:	TAROATE	
2.	The street address of the initial reg 2536 N. 4000 W. Rexburg, ID 8			
	and the name of the initial registere	ed agent at the above address is:	70 23 24 FC (
3.	The mailing address for future corrected 2536 N. 4000 W. Rexburg, ID 83	•	DAH	23 PH 2
4.	Management of the limited liability	company will be vested in:	ATE	: 22
	Manager(s) v or Member(s)	(please check the appropriate box)		
5.	address(es) or at least one initial m	ne or more manager(s), list the name nanager. If management is to be vest ddress(es) of at least one initial memb Address	ed in the	nn SEP
	Jeremy Merrill	2536 N. 4000 W., Rexburg, ID 8	23440	
	Jeramy Kirkham	730 Lupine, Rexburg, ID 83440	55 E	3 11 9: 09
S	Signature of at least one person res Signature: Typed Name: Jeremy Merrill Capacity: Manager	Secretary of CK: 182	ity compan State use only	y:
S	signature	St. 167 St. 165 CK: 185 CK: 186 1 6 168	HO SECRETARY	OF STATE

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