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5. If manag address(member(<u>Mike Ra</u> <u>Deboral</u> <u>Jason J</u> <u>Erin J. V</u> <u>Robin B</u> <u>Rebecca</u> Signature Signature: Typed Nam Capacity: <u>I</u>	ement is to be vested in one or r es) of at least one initial manage s), list the name(s) and address Name amsey 52 h Smart 52 ohnston 29 Vynne 91 erry 71 a Jordon 25 of at least one person responsitions in the stone person responsitions	(please check the appropriate box) nore manager(s), list the name(s) and er. If management is to be vested in the s(es) of at least one initial member. Address 276 N. Quail Summit Way, Boise, ID 83703 276 N. Quail Summit Way, Boise, ID 83702 276 N. Quail Summit Way, Boise, ID 83702 276 N. Quail Summit Way, Boise, ID 83706 276 N. Quail Summit Way, Boise, ID 83706 277 N. Secretary of State use only

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