	ARTICLES OF OF LIMITED LIABILI	TY COMPANY	
	(Instructions on back	k of application)	91 FTR 25 - ALL <b>9: 10</b>
1.	The name of the limited liability com	ipany is:	JIAIE
	Timber Rock Winery LLC		DAHO
2.	The street address of the initial regis	stered office is:	
	2338 S. Big Rock Road, Post Falls, ID 83854		
	and the name of the initial registered	d agent at the above addr	ess is:
	Kevin G. Rogers		
3.	The mailing address for future corres	spondence is:	
	2338 S. Big Rock Road, Post Fall	s, ID 83854	
4.	Management of the limited liability co	ompany will be vested in:	
	Manager(s) or Member(s)	(please check the appropriate	e box)
		e or more meneger(e), liei	t the name(s) and
5.	If management is to be vested in one address(es) of at least one initial ma member(s), list the name(s) and add	anager. If management is	to be vested in the nitial member.
5.	address(es) of at least one initial ma	anager. If management is dress(es) of at least one in	to be vested in the nitial member. Address
5.	address(es) of at least one initial ma member(s), list the name(s) and add	anager. If management is dress(es) of at least one in	to be vested in the nitial member.
5.	address(es) of at least one initial ma member(s), list the name(s) and add Name	anager. If management is dress(es) of at least one in 2338 S. Big Rock Ro	to be vested in the nitial member. Address
5.	address(es) of at least one initial ma member(s), list the name(s) and add Name Kevin G. Rogers	anager. If management is dress(es) of at least one in 2338 S. Big Rock Ro	to be vested in the hitial member. Address ad, Post Falls, ID 83854
	address(es) of at least one initial ma member(s), list the name(s) and add Name Kevin G. Rogers Michelle D. Rogers	anager. If management is dress(es) of at least one in 2338 S. Big Rock Ros 2338 S. Big Rock Ros	to be vested in the hitial member. Address ad, Post Falls, ID 83854 ad, Post Falls, ID 83854
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6.	address(es) of at least one initial ma member(s), list the name(s) and add Name <u>Kevin G. Rogers</u> <u>Michelle D. Rogers</u> <u>Michelle D. Rogers</u> Signature of at least one person respondence Signature: <u>Kevin G. Rogers</u> Capacity: <u>Member, Organize</u> Signature	anager. If management is dress(es) of at least one in 2338 S. Big Rock Ros 2338 S. Big Rock Ros	to be vested in the hitial member. Address ad, Post Falls, ID 83854 ad, Post Falls, ID 83854 mited liability company: Secretary of State use only
6.	address(es) of at least one initial ma member(s), list the name(s) and add Name Kevin G. Rogers Michelle D. Rogers Signature of at least one person responses Signature: Kevin G. Rogers Capacity: Member, Organize	anager. If management is dress(es) of at least one in 2338 S. Big Rock Ros 2338 S. Big Rock Ros 2338 S. Big Rock Ros sponsible for forming the li	to be vested in the hitial member. Address ad, Post Falls, ID 83854 ad, Post Falls, ID 83854 mited liability company: