251	
I REAL AND INSUL AND A	S OF ORGANIZATIONFILED
(Instruct	tions on back of application)
1. The name of the limited liabili	ty company is:
2. The address of the initial regis POST Falls	
	Debbi C. ERICKSA
Signature of registered agent	Olphie Erection
 Management of the limited liab Manager(s) X or Member(s) 	
	in one or more manager(s), list the name(s) and address(es) of nanagement is to be vested in the members, list the name(s) and , tial member. <u>Address</u>
TRAVIS ERIC	KSON 3650 EIKOR POSTFallsI
Debbie Eric	KIM 3650 EIKDR POSTFalls, ID
	<u> </u>
	n responsible for forming the limited liability company:
Travisla	IDANO SECKETARY OF STATE only
	27/15/1999 09:00 CK: 1286 CT: 118821 BH: 233988
	1 8 199.98 = 188.88 ORGAN LLC # 2 1 8 28.88 = 28.99 CORP SUR # 3
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