					N.
	LIMITED	LIABILIT ions on back d liability com	GANIZATION Y COMPANY of application) apany is:	08 MAY 14 Secretary State of	OF STATE
	treet address of t Amanta Street, E		··· ·		
	e name of the ini y F. Rolfe	tial registered	l agent at the above add	ress is:	
	nailing address fo Amanta Street, E				
4. The li	mited liability con	npany will be:			
5. If mar	ger-managed 🔽	] or Member	s) and address(es) of at	check the appropriate box) least one initial man	nager.
5. If mar If mer	ger-managed mager-managed, I nber-managed, Ii <u>Name</u>	] or Member	s) and address(es) of at s) and address(es) of at	least one initial man east one initial men Idress	nager. nber.
5. If mar If mer	ger-managed [/ nager-managed, l nber-managed, li	] or Member	s) and address(es) of at and address(es) of at Ad	least one initial man east one initial men Idress	nager. nber.
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5. If mar If mer Harl	ger-managed mager-managed, I mber-managed, Ii <u>Name</u> ey F. Rolfe ture of at least of <i>S.M.</i>	] or Member ist the name(s st the name(s	s) and address(es) of at and address(es) of at Ad	least one initial man east one initial men Idress , ID 83616	nber.
<ul> <li>5. If mar If mer</li> <li>Harl</li> <li>——</li> <li>6. Signat</li> <li>Signat</li> <li>Typed</li> </ul>	ger-managed mager-managed, I mber-managed, Ii <u>Name</u> ey F. Rolfe ture of at least of <i>S.M.</i>	or Member ist the name(s st the name(s	s) and address(es) of at and address(es) of at 649 Amanta St., Eagle	least one initial man least one initial men ldress , ID 83616	nber.