ALL ALL SI		OF ORGANIZAT	ION	
	LIMITED LIA	BILITY COMPAN	Y 2012 NOV -2 PM 1: 10	
	(Instructions	on back of application)	SECRETARY OF STATE STATE OF IDAHO	
1.	The name of the limited lia	e name of the limited liability company is:		
	Barefoot in Boise Co. LLC			
2.	The complete street and ma 1607 Pomander St., Boise, Id. 3 (Street Address)	•	I designated office:	
	(Mailing Address, if different than stree	t address)		
3.	The name and complete str	eet address of the registere	ed agent:	
	The L O could			
	Tina L. Gould (Name)	(Street Address)		
	company: <u>Name</u>	1607 Domondor St	Address Poice Id 82705	
	Tina L. Gould	1607 Pomander St.,	·	
	Gilbert R. Gould	1607 Pomander St.,		
	Christopher C. Gould	1607 Pomander St.,	1607 Pomander St., Boise, Id. 83705	
	Paden T. Gould	1607 Pomander St.,	1607 Pomander St., Boise, Id. 83705	
5.	Mailing address for future c	orrespondence (annual rep	ort notices):	
	1607 Pomander St. Boise, Id. 8	3705		
6.	Future effective date of filin	g (optional):		
-	nature of a manager, mei son.	mber or authorized		
-	nature <u>Una</u> bed Name: <u>Tina Gould</u>	De. Pol	Secretary of State use only	
	nature bed Name:		IDAHO SECRETARY OF STATE 11/02/2012 05:0 CK: 1185133 CT: 172099 BH: 134 1 0 100.00 = 100.00 Organ LLC 1	
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