LIMITED	SOF ORGANIZATIO LIABILITY COMPAN ctions on back of application)	2005 DEC -8 AM 11: 56
1. The name of the limite AIR COMFORT HEA	d liability company is: TING & COOLING, LLC	SECRETARY U SATE STATE OF IDAHO
2. The street address of t 339 Lynnwood Ct. Po	he initial registered office is: ost Falls, 1D 83854	
and the name of the ini Michael D. Newton	tial registered agent at the above	e address is:
3. The mailing address fo 339 Lynnwood Ct. Pr	r future correspondence is: ost Falls, ID 83854	
	ited liability company will be vest	ted in:
Manager(s) 🗌 or M	lember(S) 🖌 (please check the ap	opropriate box)
5. If management is to be address(es) of at least	lember(s) 🗹 (please check the ap vested in one or more manager one initial manager. If managem ne(s) and address(es) of at least	(s), list the name(s) and nent is to be vested in the
5. If management is to be address(es) of at least	vested in one or more manager one initial manager. If manager ne(s) and address(es) of at least	(s), list the name(s) and nent is to be vested in the
5. If management is to be address(es) of at least member(s), list the nar	vested in one or more manager one initial manager. If manager ne(s) and address(es) of at least	(s), list the name(s) and nent is to be vested in the one initial member.
5. If management is to be address(es) of at least member(s), list the nar Name	vested in one or more manager one initial manager. If manager ne(s) and address(es) of at least 339 Lynnwood	(s), list the name(s) and nent is to be vested in the one initial member. Address
5. If management is to be address(es) of at least member(s), list the nar Name Michael D. Newton	vested in one or more manager one initial manager. If manager ne(s) and address(es) of at least 339 Lynnwood	(s), list the name(s) and nent is to be vested in the one initial member. Address Ct. Post Falls, ID 83854
5. If management is to be address(es) of at least member(s), list the nar Name <u>Michael D. Newton</u> <u>Rhonda J. Newton</u>	e vested in one or more manager one initial manager. If manager ne(s) and address(es) of at least 339 Lynnwood 339 Lynnwood and person responsible for forming	(s), list the name(s) and nent is to be vested in the one initial member. Address Ct. Post Falls, ID 83854 Ct. Post Falls, ID 83854
 5. If management is to be address(es) of at least member(s), list the nar Michael D. Newton Michael D. Newton Rhonda J. Newton 6. Signature of at least or Signature: Typed Name: Michael I Capacity: Managing Methods 	vested in one or more manager one initial manager. If manager ne(s) and address(es) of at least 339 Lynnwood 339 Lynnwood be person responsible for forming	(s), list the name(s) and nent is to be vested in the one initial member. Address Ct. Post Falls, ID 83854 Ct. Post Falls, ID 83854 Ct. Post Falls, ID 83854