			FILED EFFECTIVE
1. The name	RTICLES OF ON IMITED LIABILI (Instructions on bac of the limited liability com Sales and Service LLC	TY COMPAI k of application)	
	address of the initial regis		
<u>13949 W</u>	Chatsworth Ct., Boise,	D 83713	
and the na Daniel W	ne of the initial registered elker	agent at the above	e address is:
3. The mailing	address for future corres	spondence is:	
13949 W	Chatsworth Ct., Bolse, I	D 83713	
			ed in:
<ol> <li>Manageme Manager(s</li> <li>If managen address(es</li> </ol>	nt of the limited liability co or Member(s)	ompany will be vest (please check the ap or more manager( nager, if managem	propriate box) s), list the name(s) and ent is to be vested in the
<ol> <li>Manageme Manager(s</li> <li>If managen address(es member(s)</li> </ol>	nt of the limited liability co	ompany will be vest (please check the ap or more manager( nager. If managem ress(es) of at least	propriate box) s), list the name(s) and ent is to be vested in the
<ol> <li>Manageme Manager(s</li> <li>If managen address(es member(s)</li> </ol>	nt of the limited liability co or Member(s) nent is to be vested in one of at least one initial man list the name(s) and add Name	ompany will be vest (please check the ap or more manager( nager. If managem ress(es) of at least	propriate box) s), list the name(s) and ent is to be vested in the one initial member. Address Chatsworth Ct.
<ul> <li>4. Manageme Manager(s</li> <li>5. If manageme address(ea member(s)</li> <li><u>DANIE</u></li> <li><u>DANIE</u></li> <li>6. Signature o Signature: <u>Typed Name</u> Capacity: <u>Mi</u></li> </ul>	Int of the limited liability co or Member(s) [	ompany will be vest (please check the ap or more manager( nager. If managem ress(es) of at least <u>13949 W (</u> <u>Boise 1 D</u> onsible for forming	propriate box) s), list the name(s) and ent is to be vested in the one initial member. Address Chatsworth Ct.
<ul> <li>4. Manageme Manager(s</li> <li>5. If manageme address(ea member(s)</li> <li><u>DANIE</u></li> <li><u>DANIE</u></li> <li>6. Signature o Signature: <u>1</u> Typed Name Capacity: <u>Mi</u></li> <li>Signature</li> </ul>	Int of the limited liability co or Member(s) [	ompany will be vest (please check the appropriate or more manager) or more manager( nager. If managem ress(es) of at least <u>13949 W (</u> <u>Boise 1 D</u> onsible for forming	propriate box) s), list the name(s) and ent is to be vested in the one initial member. Address Chatsworth Ct. 83713 the limited liability company:

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