| LIMITED LIA | OF ORGANIZATION BILITY COMPANY on back of application) 2007 NOV 26 AM 9:50 Sture TARY OF STATE STATE OF IDAHO |
|---|---|
| I. The name of the limited liab | bility company is: |
| 2. The street address of the ini | itial registered office is: B. Sandpoint, Idaho 83864 |
| | egistered agent at the above address is: |
| 3. The mailing address for future 2. Box 1811 36 Granite View Drive, San | ure correspondence is: ndpoint, Idaho 83864 |
| 4. The limited liability company | y will be: |
| | r Member-managed 🗹 (please check the appropriate box) |
| Manager-managed ist th | r Member-managed 🗹 (please check the appropriate box) ne name(s) and address(es) of at least one initial manager e name(s) and address(es) of at least one initial member. Address |
| Manager-managed or 5. If manager-managed, list the If member-managed, list the | ne name(s) and address(es) of at least one initial manager e name(s) and address(es) of at least one initial member. |
| Manager-managed or 5. If manager-managed, list the If member-managed, list the <u>Name</u> | ne name(s) and address(es) of at least one initial manager e name(s) and address(es) of at least one initial member. Address |
| Manager-managed ist the 5. If manager-managed, list the If member-managed, list the <u>Name</u> Anita Hoag | ne name(s) and address(es) of at least one initial manager e name(s) and address(es) of at least one initial member. Address 36 Granite View Drive, Sandpoint, ID 83864 |
| Manager-managed or 5. If manager-managed, list the If member-managed, list the <u>Name</u> Anita Hoag | ne name(s) and address(es) of at least one initial manager e name(s) and address(es) of at least one initial member. Address 36 Granite View Drive, Sandpoint, ID 83864 |
| Manager-managed or 5. If manager-managed, list the If member-managed, list the <u>Name</u> Anita Hoag | ne name(s) and address(es) of at least one initial manager e name(s) and address(es) of at least one initial member. Address 36 Granite View Drive, Sandpoint, ID 83864 |
| Manager-managed or 5. If manager-managed, list the If member-managed, list the <u>Name</u> Anita Hoag | ne name(s) and address(es) of at least one initial manager e name(s) and address(es) of at least one initial member. Address 36 Granite View Drive, Sandpoint, ID 83864 |
| Manager-managed ist the 5. If manager-managed, list the If member-managed, list the Name Anita Hoag Stephen Hoag | ne name(s) and address(es) of at least one initial manager e name(s) and address(es) of at least one initial member. Address 36 Granite View Drive, Sandpoint, ID 83864 |
| Manager-managed or 5. If manager-managed, list the If member-managed, list the Name Anita Hoag Stephen Hoag 6. Signature of at least one per Signature: <u>Anita Hoag</u> Typed Name: <u>Anita Hoag</u> | ne name(s) and address(es) of at least one initial manager e name(s) and address(es) of at least one initial member. Address 36 Granite View Drive, Sandpoint, ID 83864 36 Granite View Drive, Sandpoint, ID 83864 36 Granite View Drive, Sandpoint, ID 83864 erson responsible for forming the limited liability company: |
| Manager-managed or 5. If manager-managed, list the If member-managed, list the Name Anita Hoag Stephen Hoag 6. Signature of at least one per Signature: Anita X | ne name(s) and address(es) of at least one initial manager e name(s) and address(es) of at least one initial member. Address 36 Granite View Drive, Sandpoint, ID 83864 Secretary of State use only |