CALLER OF	ARTICLES	OF OR	GANIZA	TION <sup>F</sup>	ILED	CFFE	CIVE
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	LIMITED LI		f oo liestion'	2004	AUG 11	A 8: 5	59
ALT TOL	(Instructio	ins on back of	rapplication	<b>)</b>		idaho	E
1. The nan	ne of the limited lia	ability compa	iny is:	S	IALE OF	IDAHO	
M	agtrac L	L.C.					
	et address of the i		red office is:				
15	04 E. P	LAZA .	POSTF	ALLS.	ID	8385	4
	name of the initial						
	IN WALLA		-				
	iling address for fu		ondence is:				
	54 E. PLA			< D	5. 82	3854	
-	ement of the limited						
6 J		nher(s)	(please check	the appropriat	te box)		
5. Ifmana	er(s) r or Mem gement is to be ve s(es) of at least one er(s), list the name(	ested in one o le initial mana	or more mana ager. If mana	ager(s), lis agement is	t the na to be v	ested in t	d he
5. Ifmana	gement is to be ve	ested in one o le initial mana	or more mana ager. If mana	ager(s), lis agement is	t the na to be v	ested in t ember.	d he
5. If mana address membe	gement is to be ve s(es) of at least on r(s), list the name(	ested in one o e initial mana (s) and addre	or more mana ager. If mana	ager(s), lis agement is least one i	t the na to be v nitial m Addre	ested in t ember. ss	ne
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5. If mana address membe	gement is to be ve s(es) of at least one r(s), list the name Name MALACE	ested in one o e initial mana (s) and addre	or more mana ager. If mana ess(es) of at	ager(s), lis agement is least one i	at the na to be v nitial mo Addre	ested in t ember.	ne 8.385
<ul> <li>5. If mana address member</li> <li></li> <li></li> <li>6. Signatu Signatu</li> </ul>	gement is to be ve s(es) of at least one r(s), list the name Name MALACE	person responder	or more mana ager. If mana ess(es) of at <u>1504</u> 	ager(s), lis agement is least one i PIA2A rming the l	it the na to be v nitial m Addre	ested in t ember.	ne <u>کھر کھر</u> mpany:
<ul> <li>5. If mana address members</li> <li>6. Signatur Typed N</li> </ul>	gement is to be ve s(es) of at least one r(s), list the name Name MALACE ure of at least one p re: Len u	ested in one o e initial mana (s) and addre	or more mana ager. If mana ess(es) of at <u>1504</u> 	ager(s), lis agement is least one i PIA2A rming the l	it the na to be v nitial m Addre	ested in t ember. ss st Fre(Is,	ne <u>کھر کھر</u> mpany:
<ul> <li>5. If mana address members</li> <li>6. Signatur Typed N</li> </ul>	gement is to be ve s(es) of at least one r(s), list the name Name MALACE	ested in one o e initial mana (s) and addre	or more mana ager. If mana ess(es) of at <u>1504</u> 	ager(s), lis agement is least one i PIA2A rming the l	it the na to be v nitial m Addre	ested in t ember. ss st Fre(Is,	ne <u>کھر کھر</u> mpany:
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<ul> <li>5. If mana address members members</li> <li>6. Signature Typed N Capacity</li> <li>Signature Signature Sign</li></ul>	gement is to be ve s(es) of at least one r(s), list the name Name MALACE ure of at least one p re: Len u	ested in one o e initial mana (s) and addre	or more mana ager. If mana ess(es) of at 1504E onsible for for E	ager(s), lis agement is least one i	it the na to be v nitial m Addre	ested in t ember. ss st fre(1s, iability co ry of State u BAN0 88/11	mpany: se only