RJDS

	ITY COMPANY 2007 MAR 30 PH 4: 28
(Instructions on ba	ack of application) SECRETARY OF STATE STATE OF IDAHO
1. The name of the limited liability co	ompany is:
The Five Sisters, LLC	· · · · · · · · · · · · · · · · · · ·
2. The street address of the initial reg	gistered office is:
10998 W. Twin Lakes Rd Rathd	rum ID 83858
and the name of the initial register	ed agent at the above address is:
Melanie A. Van Dyk	
3. The mailing address for future corr	respondence is:
10998 W. Twin Lakes Rd Rathd	irum ID 83858
4. Management of the limited liability	company will be vested in:
· _ ·	
address(es) of at least one initial n	ne or more manager(s), list the name(s) and nanager. If management is to be vested in the
5. If management is to be vested in a address(es) of at least one initial n	me or more manager(s), list the name(s) and
5. If management is to be vested in a address(es) of at least one initial member(s), list the name(s) and a	ne or more manager(s), list the name(s) and nanager. If management is to be vested in the ddress(es) of at least one initial member.
5. If management is to be vested in a address(es) of at least one initial member(s), list the name(s) and a Name	ne or more manager(s), list the name(s) and nanager. If management is to be vested in the ddress(es) of at least one initial member. Address
5. If management is to be vested in a address(es) of at least one initial member(s), list the name(s) and a Name Melanie A. Van Dyk	ne or more manager(s), list the name(s) and nanager. If management is to be vested in the ddress(es) of at least one initial member. Address 10998 W. Twin Lakes Rd Rathdrum ID 83858
5. If management is to be vested in o address(es) of at least one initial m member(s), list the name(s) and a Name <u>Melanie A. Van Dyk</u> Penny F. Bauer	one or more manager(s), list the name(s) and nanager. If management is to be vested in the ddress(es) of at least one initial member. Address 10998 W. Twin Lakes Rd Rathdrum ID 83858 3389 Valley Road NE Moses Lake WA 98837
5. If management is to be vested in o address(es) of at least one initial m member(s), list the name(s) and a Name <u>Melanie A. Van Dyk</u> <u>Penny F. Bauer</u> <u>Candace J. Beckman</u>	one or more manager(s), list the name(s) and nanager. If management is to be vested in the ddress(es) of at least one initial member. Address 10998 W. Twin Lakes Rd Rathdrum ID 83858 3389 Valley Road NE Moses Lake WA 98837 1710 W Pacific #4 Spokane WA 99204
5. If management is to be vested in o address(es) of at least one initial n member(s), list the name(s) and a Name <u>Melanie A. Van Dyk</u> <u>Penny F. Bauer</u> <u>Candace J. Beckman</u> Sandra D. James	one or more manager(s), list the name(s) and nanager. If management is to be vested in the ddress(es) of at least one initial member. Address 10998 W. Twin Lakes Rd Rathdrum ID 83858 3389 Valley Road NE Moses Lake WA 98837 1710 W Pacific #4 Spokane WA 99204 12215 S Weiger Rd Valley Ford WA 99036
5. If management is to be vested in o address(es) of at least one initial n member(s), list the name(s) and a Name <u>Melanie A. Van Dyk</u> <u>Penny F. Bauer</u> <u>Candace J. Beckman</u> <u>Sandra D. James</u> <u>Pamela A. Schaff-Hubof</u>	one or more manager(s), list the name(s) and nanager. If management is to be vested in the ddress(es) of at least one initial member. Address 10998 W. Twin Lakes Rd Rathdrum ID 83858 3389 Valley Road NE Moses Lake WA 98837 1710 W Pacific #4 Spokane WA 99204 12215 S Weiger Rd Valley Ford WA 99036
 5. If management is to be vested in or address(es) of at least one initial member(s), list the name(s) and a Name Melanie A. Van Dyk Penny F. Bauer Candace J. Beckman Sandra D. James Pamela A. Schaff-Hubof 6. Signature of at least one person resignature: Melanie Van Dyk 	And or more manager(s), list the name(s) and manager. If management is to be vested in the ddress(es) of at least one initial member. Address <u>10998 W. Twin Lakes Rd Rathdrum ID 83858</u> <u>3389 Valley Road NE Moses Lake WA 98837</u> <u>1710 W Pacific #4 Spokane WA 99204</u> <u>12215 S Weiger Rd Valley Ford WA 99036</u> <u>PO Box 1627, Post Falls, ID 83877</u> esponsible for forming the limited liability company: <u>Secretary of State use only</u>
 5. If management is to be vested in or address(es) of at least one initial in member(s), list the name(s) and a Name Melanie A. Van Dyk Penny F. Bauer Candace J. Beckman Sandra D. James Pamela A. Schaff-Hubof 6. Signature of at least one person re Signature: Melanie Van Dyk Capacity: Member 	And or more manager(s), list the name(s) and manager. If management is to be vested in the ddress(es) of at least one initial member. Address <u>10998 W. Twin Lakes Rd Rathdrum ID 83858</u> <u>3389 Valley Road NE Moses Lake WA 98837</u> <u>1710 W Pacific #4 Spokane WA 99204</u> <u>12215 S Weiger Rd Valley Ford WA 99036</u> <u>PO Box 1627, Post Falls, ID 83877</u> esponsible for forming the limited liability company: <u>Secretary of State use only</u>