	ARTICLES OF OR LIMITED LIABILIT		FILED EFFECTIVE	
	(Instructions on back o	fapplication)	UD AUG ID THIZ UZ	
1.	The name of the limited liability compa	any is:	SECRETARY OF STATE STATE OF IDAHO	
2.	The street address of the initial registe 9387 N. Snaffle Bit Ln., Kuna, ID 83			
	and the name of the initial registered a Tami McHugh	gent at the above add	tress is:	
3.	The mailing address for future correspondence is: 9387 N. Snaffle Bit Ln., Kuna, ID 83634			
4. Management of the limited liability company will be vested in:				
	Manager(s) or Member(s) 🖌 (please check the appropriate box)			
5.	f management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the nember(s), list the name(s) and address(es) of at least one initial member.			
	Name		Address	
	Tami McHugh	9387 N. Snaffle Bit I	Ln., Kuna, ID 83634	
	Timothy McHugh	9387 N. Snaffle Bit I	Ln., Kuna, ID 83634	
	Signature of at least one person responses Signature:	onsible for forming the		
	Typed Name: Tami McHugh Capacity: Member	coordination	Secretary of State use only	
	Signature Typed Name: Capacity:	132	IDAHO SECRETARY OF STATE 08/16/2006 05:00 CK: 1585 CT: 181122 BH: 97834 1 0 100.08 = 100.00 ORGAN LLC 1	
		B Web Form		