		TE OF ORG/ LIABILITY C			: 35
		ons on back of appl		SECRETARY OF	
1 The pe	•	l liability company		STATE OF IDA	
			15.		
	<u>rle's Eye Cle</u> molete street and		of the initial de	signated/principal office:	
_252		nder Drive, Ea			
•	Address, if different than a			<u></u>	
		e street address of t	the registered at	aent <sup>.</sup>	
o. mena			-	_	
Nan (Name)	cy Christens	en Eagl	East Woodla <u>le, Idaho (</u> Address)		-
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		of at least one men	nber or manage	r of the limited liability	
compa	Ny: Name			Address	.7
Nam	cy Christense	252 Facility	East Woodla		
	-	252	East Woodla		
<u>BOD</u>	Christensen	Eagl	<del>.e, Idaho :</del>	83616	
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5. Mailing	address for futur	e correspondence	(annual report n	otices):	
252	East Woodlar	nder Drive, Ea	gle, Idaho	83616	
6. Euture	effective date of t	filing (optional):			24 A
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Signature o	f organizer(s). (An	ı organizer is a member	r, or is		.'
acting in beha	alf of a member or m	embers).		Secretary of State use only	
Signature _	Ponco have	anon Mento		• • •	
Typed Nam	ie: Nancy Chri	lanson; Meabo	er g		
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