

		FILEDE
	ARTICLES OF OR	FILED EFFECTION TY COMPANY
	(Instructions on back	of application)
	name of the limited liability com	STATE OF THE STATE
	street address of the initial regis 9 THREE FOUNTAINS DRIVE	steled office is.
	he name of the initial registered NGIAH ARULRAJ	agent at the above address is:
	mailing address for future corres	
4. Mana	Management of the limited liability company will be vested in:	
Mana	ager(s) 🗹 or Member(s) 🗌	(please check the appropriate box)
addr	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
SA	NGIAH ARULRAJ	1489 THREE FOUNTAINS DRIVE
-		IDAHO FALLS, IDAHO 83404
GR	ACE ARULRAJ	1489 THREE FOUNTAINS DRIVE
-		IDAHO FALLS, IDAHO 83404
	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ponsible for forming the limited liability company:
Signa Type	d Name: SANGIAH ARULRAJ	Secretary of State use only
Capa	acity: MANAGER	by the state of th
Signa	ature Grace June d Name / GRACE ARULRAJ	IDAHO SECRETARY OF STATE 12/11/2006 05:00 CK: 1611 CT: 171497 BH: 1018764 1 0 108.08 = 108.09 ORGAN LLC 1
• •	acity: MANAGER	2 1 4 100-50 - 100-00 MINU FFC 3

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