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	(Instructions on back of	application)	STATAR AM B. 3
	of the limited liability compa	ny is:	SECRETARY OF STATE
	address of the initial register or View Drive Hailey		· · ·
and the na	me of the initial registered ag .C	gent at the above add	dress is:
•	g address for future correspo Lakes Blvd N. Twin Fa	ondence is: Ils, ID 83301	
I. The limited	liability company will be:		
Manager-r	nanaged  or Member-m	anaged 🚺 (pleas	e check the appropriate box)
wanayer-	ialiaged [_] of Methbershi	arraged [+] (pleas	e check the appropriate seri
i. If manage	-managed, list the name(s) a managed, list the name(s) a	and address(es) of a nd address(es) of at	t least one initial manager
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5. If manage If member  Kim Nilse  6. Signature  Typed Nar	-managed, list the name(s) a managed, list the name(s) a Name  n P  of at least one person response: Kim Nilsen	and address(es) of a nd address(es) of at A 2.O. Box 3534 Haile	t least one initial manager least one initial member. ddress y, ID 83333
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5. If manage If member  Kim Nilse  Signature: Typed Nar Capacity:	of at least one person response:  Kim Nilsen Member	and address(es) of a nd address(es) of at A nd address(es) of at A nd address(es) of at nd address(es) of add	t least one initial manager least one initial member. ddress y, ID 83333 e limited liability company: Secretary of State use only