## FILED EFFECTIVE

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		TY COMPANY APR -7 AM 8: 40
3 y y	(Instructions on back	STATE OF IDAHO
1. T	The name of the limited liability comp	pany is:
	The Reserve LLC	
2. T	The street address of the initial regist	ered office is:
	155 N Woodruff	
а	and the name of the initial registered	agent at the above address is:
	George McDaniel	
3. T	The mailing address for future correspondence is:	
	155 N Woodruff, Idaho Falls, ID 83401	
4. N	Management of the limited liability co	mpany will be vested in:
5. If	address(es) of at least one initial mar	or more manager(s), list the name(s) and nager. If management is to be vested in the ess(es) of at least one initial member.
5. If	If management is to be vested in one address(es) of at least one initial mar	or more manager(s), list the name(s) and hager. If management is to be vested in the
5. If	If management is to be vested in one address(es) of at least one initial mar member(s), list the name(s) and addr	or more manager(s), list the name(s) and nager. If management is to be vested in the ress(es) of at least one initial member.
5. If	If management is to be vested in one address(es) of at least one initial mar member(s), list the name(s) and addr	or more manager(s), list the name(s) and nager. If management is to be vested in the ress(es) of at least one initial member.  Address
5. If an n	If management is to be vested in one address(es) of at least one initial man member(s), list the name(s) and address (es). Name  George McDaniel  Signature of at least one person responsions and address (es).	or more manager(s), list the name(s) and nager. If management is to be vested in the ress(es) of at least one initial member.  Address  2425 S 60th E Idaho Falls ID 83406  onsible for forming the limited liability company:
5. If a n	If management is to be vested in one address(es) of at least one initial man member(s), list the name(s) and address Mame  George McDaniel  Signature of at least one person responsionature:  Signature:  Meorge McDaniel  Typed Name:  George McDaniel	or more manager(s), list the name(s) and nager. If management is to be vested in the ress(es) of at least one initial member.  Address  2425 S 60th E Idaho Falls ID 83406  onsible for forming the limited liability company:
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