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		LIMITED LI	ABILIT	GANIZATION YCOMPANY	FILED EFFECTIVE 2006 APR -3 PM 1: 19
1.	The na	ne of the limited lia	bility comp	any is:	SECRETARY OF STATE STATE OF 2010
		our Horsemen Inve			ي 1943 William - 1944
2.	The str	eet address of the i	nitial regist	ered office is:	
	325 S. Marion, Sandpoint, Idaho 83864				
				agent at the above add	ress is:
		as Puckett			
2			ture corresi	oondence is:	
J.	The mailing address for future correspondence is: 325 S. Marion, Sandpoint, Idaho 83864				
				mpany will be vested in	
4.			u nability co	inparty winde rected in	
		() I ar Mam	abor(a)	(please shock the appropria	ate box)
	lfman	er(s) 🗹 or Mem agement is to be ve	sted in one	or more manager(s), lis	st the name(s) and
	If mana	agement is to be ve	sted in one e initial mar	(please check the appropria or more manager(s), lis nager. If management is ress(es) of at least one	st the name(s) and s to be vested in the
	lf mana addres memb	agement is to be ve s(es) of at least one er(s), list the name(Name	sted in one e initial mar	or more manager(s), lis nager. If management is ress(es) of at least one	st the name(s) and s to be vested in the initial member. Address
	lf mana addres memb	agement is to be ve s(es) of at least on er(s), list the name(sted in one e initial mar	or more manager(s), lis nager. If management is ress(es) of at least one 30 W. Sunnyside Hil	st the name(s) and s to be vested in the initial member. Address
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	If mana addres memb Thon Gera	agement is to be ve s(es) of at least on er(s), list the name(Name nas E. Puckett Id D. VanDenBerg	sted in one e initial mar (s) and add	or more manager(s), lis nager. If management is ress(es) of at least one <u>30 W. Sunnyside Hil</u> <u>Sandpoint, Idaho 83</u> 618 S. Division, San	st the name(s) and s to be vested in the initial member. Address I Road 464 dpoint, Idaho 83864
	If mana addres memb Thon Gera John	agement is to be ver s(es) of at least one er(s), list the name(Name nas E. Puckett Id D. VanDenBerg Bonar	sted in one e initial mar (s) and add	or more manager(s), lis nager. If management is ress(es) of at least one <u>30 W. Sunnyside Hil</u> <u>Sandpoint, Idaho 83</u> <u>618 S. Division, San</u> P.O. Box 60, Sandp	st the name(s) and s to be vested in the initial member. Address I Road 464 dpoint, Idaho 83864 oint, Idaho 83864
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5.	If mana address member Thon Gera John Mike Signate Typed Capac Signate Typed	agement is to be veres (es) of at least one er(s), list the name (Name has E. Puckett Id D. VanDenBerg Bonar Roos ture of at least one pare: Name: Thomas E. Name: Thomas E.	ested in one e initial mar (s) and add , Jr. person rest Puckett, N gr. VanDenBer	or more manager(s), lis nager. If management is ress(es) of at least one <u>30 W. Sunnyside Hil</u> <u>Sandpoint, Idaho 83</u> <u>618 S. Division, Sandp</u> <u>325 S. Marion, Sandp</u> <u>325 S. Marion, Sandp</u> <u>1gr.</u>	st the name(s) and s to be vested in the initial member. Address I Road 464 dpoint, Idaho 83864 oint, Idaho 83864