19950329 0900 75781 2 CK #: 21828 CUST# 2034 CORP 1@ 100.00= 100.0 #: C LC1/593		W 1013
<ol> <li>The address of the initial registered office is: <u>S46 H. 21st.</u>, <u>Idaho Falls.</u>, <u>Idaho 83401</u> (mt # POSec)         agent at that address is: <u>Patricia Persons</u>         Signature of registered agent : <u>Cutturance and the name of the initial registered</u>         Signature of registered agent : <u>Cutturance and the name of the initial registered</u>         Signature of registered agent : <u>Cutturance and the name of the initial registered</u>         Signature of registered agent : <u>Cutturance and the name of the initial registered</u>         Signature of registered agent : <u>Cutturance and the name of the initial registered</u>         If management of the limited liability company vested in a manager or managers?         [] Yes [] No (eneck appropriate box)         Sif management is vested in one or more manager(s), list the name(s) and address(es) of at least one initial member.         <u>Name:</u> <u>Address:</u> <u>Patricia Persons</u> <u>Steretary of State New of Materney OF State New of Materney OF State New of Materney OF State New of State New of State New of Materney OF State 2000 Traits 2         <u>CONF</u> <u>18</u> 100.00= 100.0         <u>#: C</u> <u>CONF</u> <u>18</u> 100.00= 100.0         <u>#: C</u> <u>1000</u> </u></li></ol>	SEC. OF SEC LIMITED LIABI	
(MA & PO Box)     and the name of the initial registered     agent at that address is: Patricia Persons     Signature of registered agent :      Control of the limited liability company will dissolve: December 31, 20     A Is management of the limited liability company vested in a manager or managers?     Yes No (eneck appropriate box)     If management is vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is vested in the members, list the name(s) and address(es) of at least one initial member.     Name: Address:     Patricia Persons 546 W. 21st, Idaho Falls, Idaho 83401     Secretary of State use mischer or state 1950820 900 7781 2     OK + 2188 DBSN agent     DORP 10 100.00= 100.0	1. The name of the limited liability compa	any is: <u>mountain states industries</u> , L.C.
Signature of registered agent :		(hot a PO Box)
3. The latest date certain on which the limited liability company will dissolve: December 31, 20.         4. Is management of the limited liability company vested in a manager or managers?         Image:       No (check appropriate box)         5. If management is vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is vested in the members, list the name(s) and address(es) of at least one initial member.         Mame:       Address:         Patricia Persons       546 W. 21st, Idaho Falls, Idaho 83401         6. Signature of at least one person listed in #5 above:       Secretary of State yeaging         Image:       Secretary of State yeaging         Image:       CORP         Image:       Secretary of State yeaging         Image:       Correl         Image:       Secretary of State yeaging         Ima	agent at that address is:Patrici	a Persons and the name of the initial registered
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4. Is management of the limited liability company vested in a manager or managers?         Image:       No (check appropriate box)         5. If management is vested in one or more manager(s), list the name(s) and address(es) of at least one initial member.         Name:       Address:         Patricia Persons       546 W. 21st, Idaho Falls, Idaho 83401         6. Signature of at least one person listed in #5 above:         Image:       Secretary of State USE ONE		
Name:       Address:         Patricia Persons       546 W. 21st, Idaho Falls, Idaho & 3401         6. Signature of at least one person listed in #5 above:       Secretary of State use only         Secretary of State use only       The Mail Scherman of State use only         Image: Secretary of State use only       Secretary of State use only         Secretary of State use only       Secretary of State use only         Image: Secretary of State use only       Secretary of State use only         Image: Secretary of State use only       Secretary of State use only         Image: Secretary of State use only       Secretary of State use only         Image: Secretary of State use only       Secretary of State use only         Image: Secretary of State use only       Secretary of State use only         Image: Secretary of State use only       Secretary of State use only         Image: Secretary of State use only       Secretary of State use only         Image: Secretary of State use only       Secretary of State use only         Image: Secretary of State use only       Secretary of State use only         Image: Secretary of State use only       Secretary of State use only         Image: Secretary of State use only       Secretary of State use only         Image: Secretary of State use only       Secretary of State use only         Image: Secretary of State use only	<ul> <li>4. Is management of the limited liability constraints of the limited liability constraints and the linitial straints and the liability co</li></ul>	mpany vested in a manager or managers?          No       (check appropriate box)         e manager(s)       list the name(s) and address(ss) of st
Patricia Persons         546 W. 21st, Idaho Falls, Idaho 83401           6. Signature of at least one person listed in #5 above:         Secretary of State use only           Secretary of State use only         1950329 0900 75781 2           OK #: 21828 OUST# 2034         CDRP           1@ 100.00= 100.0         #: C	accress(es) of at least one initial memo	er.
6. Signature of at least one person listed in #5 above:           Image: Secretary of State Use only           Image: Secretary of State Use Use Use only           Image:		<u>Address:</u>
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File Two Copies Fee: \$100 if typed with no attachments		#: C