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LIMITED LIABIL	DRGANIZATION LITY COMPANY ack of application) company is:	FILED EFFEC 07 OCT -9 AM 9: 12 SECRETARY OF STATE STATE OF IDAHO	
2. The street address of the initial n 3440 E Poleline, Post Falls ID and the name of the initial registe	83854	ldress is:	
Lisa Schorzman	المراجعة المراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة وا	an a	
3. The mailing address for future co 3440 E Poleline, Post Falls ID			
<ol> <li>The limited liability company will Manager-managed  sor Men</li> </ol>	· · · · · · · · · · · · · · · · · · ·	se check the appropriate box)	
5. If manager-managed, list the nar	me(s) and address(es) of a	it least one initial manag	er.
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If member-managed, list the nan Name          Lisa Schorzman	responsible for forming th	t least one initial membe Address t Falls ID 83854 e limited liability compar Secretary of State use only	er. 

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