	ARTICLES OF OI LIMITED LIABILI		FILED EFFECTI
	(Instructions on bac	k of application)	07 JUN 14 PM 12: 14
	ne of the limited liability com Commercial Property Mana		SECRETARY OF STATE STATE OF IDAHO
2. The stre	et address of the initial regis	stered office is:	
16815	N. Yorkshire Lane, Nampa	, ID 83687	
and the	name of the initial registered	agent at the above add	ress is:
Jason	J Woodward	·	
3. The ma	ling address for future corres	spondence is:	
13601	W. McMillan Rd. Suite 102-	-187, Boise ID 83713	· ·
4. Manage	ment of the limited liability co	ompany will be vested in	
5. If manag	r(s) [] or Member(s) [gement is to be vested in one (es) of at least one initial ma	e or more manager(s), lis	it the name(s) and
5. If manag address		e or more manager(s), lis nager. If management is	at the name(s) and s to be vested in the
5. If manag address membe	gement is to be vested in one (es) of at least one initial ma (s), list the name(s) and add	e or more manager(s), lis nager. If management is lress(es) of at least one i	at the name(s) and s to be vested in the nitial member.
5. If manag address membe	gement is to be vested in one (es) of at least one initial ma (s), list the name(s) and add Name	e or more manager(s), lis nager. If management is lress(es) of at least one i	at the name(s) and to be vested in the nitial member. Address
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 If manage address member Jason G. Signature 	gement is to be vested in one (es) of at least one initial ma (s), list the name(s) and add Name J Woodward	e or more manager(s), lis nager. If management is lress(es) of at least one i 16815 N. Yorkshire L	at the name(s) and s to be vested in the nitial member. Address n. Nampa, ID 83687
 5. If manage address membe <u>Jason</u> <u>Jason</u> <u>G. Signature</u> 	gement is to be vested in one (es) of at least one initial ma r(s), list the name(s) and add Name J Woodward	e or more manager(s), lis nager. If management is lress(es) of at least one i 16815 N. Yorkshire L	at the name(s) and s to be vested in the nitial member. Address n. Nampa, ID 83687
 5. If manage address member Jason G. Signature Typed Na 	gement is to be vested in one (es) of at least one initial ma (s), list the name(s) and add Name J Woodward re of at least one person resp s: Jason J Woodward	e or more manager(s), lis nager. If management is lress(es) of at least one i 16815 N. Yorkshire L	at the name(s) and s to be vested in the nitial member. Address n. Nampa, ID 83687
 5. If manage address member Jason Jason Ganature Typed Na Capacity 	gement is to be vested in one (es) of at least one initial ma (s), list the name(s) and add Name J Woodward re of at least one person resp Jason J Woodward Managing Member	e or more manager(s), lis nager. If management is lress(es) of at least one i <u>16815 N. Yorkshire L</u>	Address Address n. Nampa, ID 83687 mited liability company: Secretary of State use only WW370 J IDAHD SECRETARY OF STATE
 5. If manage address member <u>Jason</u> <u>Jason</u> G. Signature Typed Na Capacity Signature Signature 	gement is to be vested in one (es) of at least one initial ma (s), list the name(s) and add Name J Woodward re of at least one person resp s: Jason J Woodward	e or more manager(s), lis nager. If management is lress(es) of at least one i <u>16815 N. Yorkshire L</u>	Address Address In Nampa, ID 83687 Imited liability company: Secretary of State use only

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