		ARTICLES OI LIMITED LIAI	BILITYCON	IPANY	2005 MAR -7 AM 10: 00
4	01	(Instructions o	n back of applicati	ion)	SECHETAKT IDAHO
1.	The nan	ne of the limited liabilit	y company is:		STALE OF
	CX Ra	nch, LLC			
2.	The street address of the initial registered office is:				
	8410 N Greensferry Road - Post Falls, ID 83854				
	and the	name of the initial regi	stered agent at the	e above a	ddress is:
	Judith	Allread			
3.	The mai	ling address for future	correspondence is	s:	
	1101 N	Argonne - Suite 217	/ Spokane, WA	99212	
4.	Manage	ment of the limited liab	oility company will	be vested	in:
	Manage	r(s) 🔲 or Member((S) 🗸 (please ch	eck the appro	priate box)
i	address	ement is to be vested (es) of at least one init (s), list the name(s) ar	ial manager. If ma	nagemen	t is to be vested in the
i	address member	(es) of at least one init (s), list the name(s) ar Name	ial manager. If ma nd address(es) of a	nagemen at least on	it is to be vested in the le initial member. Address
i	address member	(es) of at least one init (s), list the name(s) ar Name Hoaglund Allread	ial manager. If ma nd address(es) of a <u>8410 N. (</u>	nagemen at least on Greensfer	t is to be vested in the e initial member.
i	address member Judith	(es) of at least one init (s), list the name(s) ar Name Hoaglund Allread	ial manager. If ma nd address(es) of a <u>8410 N. (</u>	nagemen at least on Greensfer	t is to be vested in the le initial member. Address ry Rd., Post Falls, ID 83854
6. \$	address member Judith Jay Wi	(es) of at least one init (s), list the name(s) ar Name Hoaglund Allread hite e of at least one perso : Juinth Au	ial manager. If ma nd address(es) of a <u>8410 N. 0</u> <u>P.O. Box</u> 	Greensfer 528, Clar	t is to be vested in the le initial member. Address ry Rd., Post Falls, ID 83854
6. : S T C	address member Judith Jay Wi Jay Wi Signature Signature Signature Capacity:	(es) of at least one init (s), list the name(s) ar Name Hoaglund Allread hite e of at least one perso : <u>Judith Allread</u> Member	ial manager. If mand address(es) of a ad	Greensfer 528, Clar	t is to be vested in the le initial member. Address ry Rd., Post Falls, ID 83854 Kfork, ID 83811 e limited liability company: Secretary of State use only
6. : S	address member Judith Jay Wi Jay Wi Signature Signature Signature	(es) of at least one init (s), list the name(s) ar Name Hoaglund Allread hite e of at least one perso : Judith Allread	ial manager. If mand address(es) of a ad	Greensfer 528, Clar	e limited liability company: