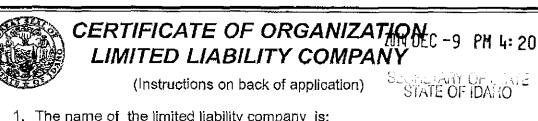
FILED EFFECTIVE



TO .	(Instructions on bac	k of application) STATE OF IDAHO
. The n	ame of the limited liability co	mpany is:
Sund	lance-Keres JV LLC	
2. The c	omplete street and mailing ac	dresses of the initial designated office:
	N. 3rd Avenue, Suite 8 Pocatello, I	D 83201
•	Address) e as above	
	g Address, if different than atreet address)	
3. The n	ame and complete street add	ress of the registered agent:
Septe	ember Myres	205 N 2-1 2-1
(Name)	305 N 3rd Ave Ste B Pocatello ID (Street Address) 83201
I. The n		one member or manager of the limited liability
•	<u>Name</u>	Address
Sund	ance Consulting, Inc.	305 N. 3rd Avenue, Sulte B. Pocatello, ID. 83201
Keres	Consulting, Inc.	5600 Wyoming Blvd. NE, Ste. 150 Albuquerque, NM
	g address for future correspo J. 3rd Avenue, Sulte B. Pocatello, II	ndence (annual report notices):
<u> </u>		
6. Future	e effective date of filing (option	nal):
	of a manager, member o	authorized ·
erson.	Sextember muse	Secretary of State use only
erson.	Leptember Myres me: September Myres	Secretary of State use only

Signature _____

Typed Name: _____

12/09/2014 05:00

CK:2415385 CT:172099 BH:1452347 1@ 100.00 = 100.00 ORGAN LLC #2

9/21/2012

W145133