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1. The Ma	name o nagem	f the limited ent, LLC	l liability comp	bany is: <u>Abso</u>	lute F	Real Fs SECHEI STAT	tate ARTOFS	TATE
2. The	address	s of the Initia	l registered o	ffice is:6035	N. Gul			
Ga	rden	City, Id	aho 8371	4	and the	e name of	the initial r	reaister
ager	nt at that	address is:	Graham	Hollett				
3. The	mailing	address for f	uture correspo	ondence : 603	5 N. C	ull Ro	ck Plac	<u>e</u>
Ga	rden	City, Id	aho 8371	4				
4. Man	agemen	t of the limite	d liability com	pany will be veste	ed in:			
5. If ma at lea	anagem Ist one ir	ent is to be v	ested in one o	nent is to be veste ber.	s), list the			
5. If ma at lea addre	anagem ist one ir ess(es) (ent is to be v	ested in one o er. If manager	r more manager(s ment is to be veste	s), list the ed in the <u>Addres</u> Gu11	members, S Rock P	listthena: lace	
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