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|--|--|---|---|-----------------------|---------------------------------------|---|
| 1000 | | ORGANIZATION | | | | |
| ALL DU DU | (Instructions on | back of application) | | 1 (C. 6 - 1 7 (| 420 | ļ |
| 1. The name | e of the limited liability | company is: | | 5 | -1 | 1 |
| TMS RE | EAL ESTATE LLC | | | d A | AH 10: (| 1 |
| 2. The stree | t address of the initial r | registered office is: | | | œ | |
| 188 MA | RTINSBURG, IDAHO | FALLS, IDAHO 83404 | <u></u> | | | |
| and the na TODD N | | ered agent at the above a | ddress is: | | | |
| 3. The mailir | ng address for future co | orrespondence is: | | | | |
| <u>329 S. V</u> | VOODRUFF IDAHO | FALLS, IDAHO 83401 | | - | | |
| | ent of the limited liabili | ity company will be vested | in: | | | |
| 4. Managerr | | | | | | |
| Manager(5. If manage address(e | (s) 🖌 or Member(s) ement is to be vested in es) of at least one initial | one or more manager(s), I manager. If management | list the name(s) a t is to be vested in | and h the | | |
| Manager(5. If manage address(e | (s) 🖌 or Member(s) ement is to be vested in es) of at least one initial | | list the name(s) a t is to be vested in | and 1 the | | |
| Manager(5. If manage address(e | (s) r or Member(s) ement is to be vested in es) of at least one initial s), list the name(s) and Name | one or more manager(s), I manager. If management address(es) of at least one | list the name(s) a t is to be vested in e initial member. Address | and 1 the | | |
| Manager(5. If manage address(e member(s | (s) r or Member(s) ement is to be vested in es) of at least one initial s), list the name(s) and Name | one or more manager(s), I manager. If management | list the name(s) a t is to be vested in e initial member. Address | and 1 the | | |
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| Manager(5. If manage address(e member(s | (s) r or Member(s) ement is to be vested in es) of at least one initial s), list the name(s) and Name | one or more manager(s), I manager. If management address(es) of at least one <u>188 MARTINSBUR</u> | list the name(s) a t is to be vested in e initial member. Address | and h the | | |
| Manager(5. If manage address(e member(s TODD M | (s) or Member(s) ement is to be vested in es) of at least one initial s), list the name(s) and Name MARTIN of at least one person | one or more manager(s), I manager. If management address(es) of at least one <u>188 MARTINSBUR</u> | list the name(s) a t is to be vested in e initial member. Address RG AHO 83404 | n the | | |
| Manager(5. If manage address(e member(s <u>TODD M</u> | (s) or Member(s) ement is to be vested in es) of at least one initial s), list the name(s) and Name MARTIN of at least one person | none or more manager(s), I manager. If management address(es) of at least one <u>188 MARTINSBUR</u> IDAHO FALLS, IDA | list the name(s) a t is to be vested in e initial member. Address RG AHO 83404 | ompany | · · · · · · · · · · · · · · · · · · · | |
| Manager(5. If manage address(e member(s <u>TODD M</u> | (s) or Member(s) ement is to be vested in es) of at least one initial s), list the name(s) and Name MARTIN of at least one person ne: TODD MARTIN | none or more manager(s), I manager. If management address(es) of at least one <u>188 MARTINSBUR</u> IDAHO FALLS, IDA | list the name(s) a t is to be vested in e initial member. Address CG AHO 83404 | ompany | · · · | |
| Manager(5. If manage address(e member(s <u>TODD M</u> 6. Signature Signature Typed Nam Capacity: _ | (s) or Member(s) ement is to be vested in es) of at least one initial s), list the name(s) and Name MARTIN of at least one person ne: TODD MARTIN | none or more manager(s), I manager. If management address(es) of at least one <u>188 MARTINSBUR</u> IDAHO FALLS, IDA | list the name(s) a t is to be vested in e initial member. Address CG AHO 83404 e limited liability of Secretary of State | ompany | | |
| Manager(5. If manage address(e member(s <u>TODD M</u> 6. Signature Signature Typed Nam Capacity: Signature | (s) or Member(s) ement is to be vested in es) of at least one initial s), list the name(s) and Name MARTIN of at least one person ne: TODD MARTIN | One or more manager(s), I manager. If management address(es) of at least one <u>188 MARTINSBUR IDAHO FALLS, IDA IDAHO FALLS, IDA </u> | list the name(s) a t is to be vested in e initial member. Address CG AHO 83404 e limited liability c Secretary of State | n the | (OF STA | |