

Capacity:

## 

	(Instructions on bac	ck of application)	DAYS 12 TH	
1.	The name of the limited liability co	ompany is:		
2.	The street address of the initial reg		FALLS IDAHO 83301	
	and the name of the initial register	red agent at the abov	ve address is:	
3.	The mailing address for future cor P.O. BOX 4125, BEDFORD, WY	-		
4.	The limited liability company will be:			
	Manager-managed ✓ or Member-managed (please check the appropriate box)			
	If manager-managed, list the name(s) and address(es) of at least one initial manager.  If member-managed, list the name(s) and address(es) of at least one initial member.			
5.	<u> </u>	, ,	•	
5.	<u> </u>	, ,	•	
5.	If member-managed, list the name	e(s) and address(es)	of at least one initial member.	
5.	If member-managed, list the name  Name	e(s) and address(es)	of at least one initial member.  Address	
5.	If member-managed, list the name  Name	e(s) and address(es)	of at least one initial member.  Address	
6.	Name STAN E. VISSER  Signature of at least one person re	870 BLUE LAKE	of at least one initial member.  Address  S BLVD. NORTH, SUITE #4, E	
6.	STAN E. VISSER  Signature of at least one person resignature:  Typed Name: THOMAS S. WELS	870 BLUE LAKE	of at least one initial member.  Address S BLVD. NORTH, SUITE #4, 正	
6.	Signature:  Name  STAN E. VISSER  Signature of at least one person resignature:	870 BLUE LAKE	of at least one initial member.  Address  S BLVD. NORTH, SUITE #4, E	

W62912