	MITED LIABIL (Instructions on ba	CRGANIZATION LITY COMPANY FILE CONCENTIVE 2004 OCT 15 AM 9: 22 ack of application)
1. The name of	the limited liability co	ompany is: STATE OF IDAHO
Meloche, F	Reinhardt and Reinha	ardt, LLC.
2. The street a	ddress of the initial reg	gistered office is:
4079 N. M	cKinyley Park Avenue	e Meridian, Idaho 83642
and the nam	e of the initial register	red agent at the above address is:
Don Reinh	ardt	
3. The mailing	address for future corr	respondence is:
4079 N. M	cKin jilev Park Avenue	ie Meridian, Idaho 83642
4. Managemer	nt of the limited liability	y company will be vested in:
-	✓ or Member(s)	(please check the appropriate box)
5. If managem address(es)	ent is to be vested in o of at least one initial n	one or more manager(s), list the name(s) and manager. If management is to be vested in the
5. If managem address(es) member(s),	ent is to be vested in o of at least one initial n list the name(s) and a Name	one or more manager(s), list the name(s) and manager. If management is to be vested in the address(es) of at least one initial member. Address
5. If managem address(es) member(s), <u>Don Reinh</u>	ent is to be vested in o of at least one initial n list the name(s) and a Name ardt	one or more manager(s), list the name(s) and manager. If management is to be vested in the address(es) of at least one initial member. Address 4079 N.McKinley Park Ave.Meridian,ID 83642
5. If managem address(es) member(s), <u>Don Reinh</u>	ent is to be vested in o of at least one initial n list the name(s) and a Name	one or more manager(s), list the name(s) and manager. If management is to be vested in the address(es) of at least one initial member. Address