	•	ILITY COMF back of application	PANY	DB APR-2 AM DECRETARY O STATE OF I	B: 18 F STATE
	e name of the limited liability & I Sabin, LLC	y company is:		STATE UP	
	e street address of the initial 05 Cleveland St., Idaho Falls	-	3:		
	I the name of the initial regis rle A. Johnson	stered agent at the	above addre	ess is:	
	e mailing address for future 35 Cleveland St., Idaho Falls		•		
	e limited liability company wi nager-managed 🔲 or Me	_	✓ (please cl	heck the appropriate b	ox)
5. lfn lfn	nanager-managed, list the na nember-managed, list the na <u>Name</u>	ame(s) and addres ame(s) and addres	ss(es) of at le s(es) of at le Add	ast one initial n	nanager. nember.
	vie A. Johnson Ionna Johnson			o Falls, ID 834 o Falls, ID 834	
<u>ic</u> 		795 Clevela	and St., Idaho	o Falls, ID 834	01
6. Sig Typ	onna Johnson	795 Clevela	and St., Idaho	o Falls, ID 834	01
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