FILED EFFECTIVE



4. Management of the limited liability company will be vested in:

3. The mailing address for future correspondence is:

P.O. Box 292 Rexburg, ID 83440

Name

Manager(s) or Member(s) (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

	Lani 649	
Steve Vint	2068 Bentley Ave. Meridian, ID 83642	

6. Signature of at least one person responsible for forming the limited liability company:

Signature:	JU /U	de e	
Typed Name:	James Marlov	ve	
Capacity: Age	nt		
Signature			
Typed Name:			

Capacity:

Secretary of State use only

IDAHO SECRETARY OF STATE 06/11/2007 05:00 CK: 1174861 CT: 195939 BH: 1859244 1 8 100.00 = 100.00 CORP # 4