	(Instructions on back of	1	OMPANY
1.	The name of the professional limited lia	sey bility company is:	
	•	gineering. P.I	
2.	The professional limited liability company is organized for the practice of the profession(
	of: Engineering		
3.	The address of the initial registered office is 5421 Kendall Street, Boise, Id 8 (not a PO Box)		
	initial registered agent at that address	1 - 0	tian
	Signature of registered agent:	ere T. Ba	atan
4.	The latest date certain on which the professional limited liability company will dissolve is		
	July 1, 2027		
5.	Is management of the limited liability co	🗌 No	(check appropriate box)
5. 6.	Is management of the limited liability co	□ No e manager(s), list ti	(check appropriate box) he name(s) and address(es) (
	Is management of the limited liability co Is management is vested in one or more least one initial manager. If management address(es) of at least one member.	□ No e manager(s), list ti	(check appropriate box) he name(s) and address(es) (members, list the name(s) ar
	Is management of the limited liability co I Yes If management is vested in one or more least one initial manager. If management	□ No e manager(s), list ti	(check appropriate box) he name(s) and address(es) (
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6.	Is management of the limited liability co If management is vested in one or more least one initial manager. If management address(es) of at least one member. <u>Name:</u> <u>Steven Bastian</u>	□ No e manager(s), list the ent is vested in the <u>6508 Pomo</u>	(check appropriate box) he name(s) and address(es) (members, list the name(s) ar <u>Address:</u> na Road, Boise, Id 837
6.	Is management of the limited liability co If management is vested in one or more least one initial manager. If management address(es) of at least one member. <u>Name:</u>	□ No e manager(s), list the ent is vested in the 6508 Pomo 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(check appropriate box) he name(s) and address(es) (members, list the name(s) ar <u>Address:</u> na Road, Boise, Id 837
6.	Is management of the limited liability co	□ No e manager(s), list the ent is vested in the 6508 Pomo 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(check appropriate box) he name(s) and address(es) (members, list the name(s) ar <u>Address:</u> na Road, Boise, Id 837 IMMO SECRETARY OF STATE Secretary of State Use only Ø7/03/1997 Ø9:00 CK: 1199 CT: 5833 BH: 18875
6.	Is management of the limited liability co	□ No e manager(s), list the ent is vested in the <u>6508 Pomo</u> d in #6	(check appropriate box) he name(s) and address(es) (members, list the name(s) ar <u>Address:</u> na Road, Boise, Id 837
6.	Is management of the limited liability co	□ No e manager(s), list the ent is vested in the 6508 Pomo 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(check appropriate box) he name(s) and address(es) (members, list the name(s) ar <u>Address:</u> na Road, Boise, Id 837 IMMO SECRETARY OF STATE Secretary of State Use only Ø7/03/1997 Ø9:00 CK: 1199 CT: 5833 BH: 18875