	LIMITED LIABILITY To the Secretary of State of				2 ~	. ри •07		
	Statehouse, Boise, Idaho 8		JAN	24	3 17	2 P H '97		Ş
			SE(CRET: State	ARY OL E GF I	F STATE Daho		
1.	. The name of the limited liability company is: _	Can-Ada	<u>a Tree</u>	Com	pany,	LLC	• ###### • • • #### • ################	
2.	The address of the initial registered office is: <u>801 Los Luceros</u> , Eagle, ID 83616							
	agent at that address is: John R Pfeffer		and the	he na	ame o	of the ini	itial regist	tere
	Signature of registered agent : X Sohn	R	Ja	y.	~			
3.	The latest date certain on which the limited liabi		r 2	will d	lissol	/e: <u>12/3</u>	1/2026	
£	1							
	Is management of the limited liability company v Yes No If management is vested in one or more manage least one initial manager. If management is vest address(es) of at least one initial member.	(check ap er(s), lis	st the r	· box) Name	e(s) a	nd addr	ess(es) o	f a
	F management is vested in one or more management	(check ap er(s), lis ted in th	st the r	name nber:	e(s) a	nd addr	ess(es) o	nf al
	✓ Yes ☐ No If management is vested in one or more manage least one initial manager. If management is vest address(es) of at least one initial member.	(check ap er(s), lis ted in th	st the r	name nber: <u>ss:</u>	e(s) a s, list	nd addr	ess(es) o	nfa I
	▼Yes No If management is vested in one or more manageleast one initial manager. If management is vest address(es) of at least one initial member. No Name: No	(check ag er(s), lis ted in th 22493	st the r the mer Addre	name name nber: singe	e(s) a s, list	nd addr	ess(es) o	f a
	▼Yes No If management is vested in one or more manageleast one initial manager. If management is vest address(es) of at least one initial member. No Name: No	(check ag er(s), lis ted in th 22493	st the r te mer Addre Bless	name name nber: singe	e(s) a s, list	nd addr	ess(es) o	nfa !
5.	Yes No If management is vested in one or more manageleast one initial manager. If management is vest address(es) of at least one initial member. <u>Name:</u> Suzanne M. McDonald Signature of at least one person listed in #5 above <i>Mumuul Multiplic Management</i>	(check ag er(s), lis ted in th 22493 Star,	st the r te mer Addre Bless	name name nber: singe	e(s) a s, list	nd addr	ess(es) o	nf ar
5.	If management is vested in one or more manageleast one initial manager. If management is vest address(es) of at least one initial member. Name: Suzanne M. McDonald	(check ag er(s), lis ted in th 22493 Star,	st the r te mer Addre Bless	name nber: singe 3636	e(s) a s, list ≥r	nd addr	ess(es) o ne(s) and	nf a
5.	Yes No If management is vested in one or more manageleast one initial manager. If management is vest address(es) of at least one initial member. <u>Name:</u> Suzanne M. McDonald Signature of at least one person listed in #5 above <i>Mumuul Multiplic Management</i>	(check ag er(s), lis ted in th 22493 Star,	st the r te mer Addre Bless	singe Secre	e(s) a s, list er	nd addr the nan	ess(es) o ne(s) and	ATE

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