		FIL	FILE	
	ARTICLES OF C LIMITED LIABIL (Instructions on bac	DRGANIZATION ITY COMPANY	DEC 24 H DEC 24 HE OF UP SIATE	
I. The nam	e of the limited liability cor	npany is:APOLBZ, LLC	EOF UP STAF	
2. The stree	et address of the initial regis	tered office is:	<u></u>	
		, ID 83814 and the name of the JR Appleby	initial registered	
-		spondence: P.O. Box 5072, Cd'A	., ID 83814	
4. Manage	ment of the limited liability co	ompany will be vested in:		
	r(s) 🗂 or Member(s) 🔀 .			
address	(es) of at least one initial m <u>Name</u>	Address		
JR Ap		1931 N. Syringa Dr., Cd 1931 N. Sy <b>e</b> inga Dr., Cd		
Karen	C. Appleby	<u>1751 N. 5921184 52.9 0</u>		
<u>Karen</u>	C. Appleby			
<u>Karen</u>	C. Appleby			
		ponsible for forming the limited liability cor		
6. Signature	re of at least one person res	ponsible for forming the limited liability cor	npany:	
6. Signature	re of at least one person res 	ponsible for forming the limited liability cor	npany:	
6. Signatu Signature Typed Na Capacity Signature	re of at least one person res	ponsible for forming the limited liability cor	npany:	
6. Signatu Signature Typed Na Capacity Signature	re of at least one person res	ponsible for forming the limited liability cor Secretary of Sta public of the secretary of Sta public of the secretary of Sta provent of the secretary of Sta provide of the secretary of the secretary of the secretary of the se	npany: te use only ECRETARY OF STATE 2001 05:00 T: 154954 BH: 43641	
6. Signatu Signature Typed N Capacity Signatur Typed N	re of at least one person res	ponsible for forming the limited liability cor	npany: te use only ECRETARY OF STATE 2001 05:00 T: 154954 BH: 43641	