T S			
	CERTIFICATE OF C		V
	PROFESS	IONAL	09 MAR 25 AM 8: 40
	LIMITED LIABILI	TY COMPANY	
	(Instructions on back	of application)	SECRETARY OF STATE
1.	The name of the professional limite	• • •	STATE OF IDAHO
١.	•	• • •	
2.	The complete street and mailing add		•
	(Street Address)	eet, Suite 1100, Boise Idaho	83702
	(Mailing Address, if different than street address)		
3.	The name and complete street addr	ress of the registered ac	gent:
	Incorp Services, Inc.	921 S. Orchard Street	et, Suite G, Boise ID 83705
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the professional limited liability company:		
	<u>Name</u> John C. Barrera		ddress Suite 1100, Boise ID 83702
	John C. Barrera		SUITE 11UU. BAISE IU 837/07
			2 2
5.	Mailing address for future correspor		••••••••••••••••••••••••••••••••••••••
5.	Mailing address for future correspon		e otices):
	Mailing address for future correspon	ndence (annual report n treet, Suite 1100, Boise ID 8	۶ otices): 3702
	Mailing address for future correspon 950 Bannock St	ndence (annual report n treet, Suite 1100, Boise ID 8 nal): ofessional company, an	e otices): 3702 d the principal profession or e legally authorized to render
6. 7.	Mailing address for future correspon 950 Bannock St Future effective date of filing (option The limited liability company is a pro professions for which members are d professional services is:	ndence (annual report n treet, Suite 1100, Boise ID 8 nal): ofessional company, an luly licensed or otherwise Legal Representa	otices): 3702 d the principal profession or e legally authorized to render ation
6. 7.	Mailing address for future correspon 950 Bannock St Future effective date of filing (option The limited liability company is a pro professions for which members are d professional services is:	ndence (annual report n treet, Suite 1100, Boise ID 8 nal): ofessional company, an luly licensed or otherwise Legal Representa	e otices): 3702 d the principal profession or e legally authorized to render
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