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	ARTICLES OF OF LIMITED LIABILI	TVOOMDANIX	OT AUG 13 AM 9: 11 SECRETARY OF
STATIS .	(instructions on back	of application)	STATE OF OF STU
1. The na	ame of the limited liability com	pany is: Middle Ma	SECRETARY OF STATE STATE OF IDAHO
2. The st	reet address of the initial regis		Encle Tol 02111
and the	ne name of the initial registered Tha Mankfan	ل I agent at the above addr	· · · · · · · · · · · · · · · · · · ·
3. The m	ailing address for future corres PO BOX 187	spondence is: 8 Easle Iel	83414
4. Manaç	gement of the limited liability co	ompany will be vested in:	
Manag	ger(s) 🔲 or Member(s) 🚺	(please check the appropriate	box)
addres	agement is to be vested in one ss(es) of at least one initial mai er(s), list the name(s) and add	nager. If management is	to be vested in the
	Name		Address
1	a llangemel	1045 8. Wind	ing Creek In.
		Ersle. I	ing Creek In. d. 83414
		- 	
			
6. Signati	ure of at least one person resp	onsible for forming the lin	nited liability company:
			Secretary of State use only
Signatu Typed N	and. The New Phile		
Signatur Typed N Capacity	y: Nember		
Typed N Capacity			TROWN RECOVERED OF ST
Typed N Capacity Signatur	y: <u>Member</u> re lame:		IDAHO BECRETARY OF ST 88/13/2007 05 CK1 2432 CT1 195680 BHI 100 00 0000000000000000000000000000000