FIL	ED	EF	FE	CT	IVE

LIMITE	LES OF ORGANIZA D LIABILITY COMP tructions on back of application	PANY 07.1111 -5 AM 9: 30
I. The name of the lim <u>PENTA EXIMP</u> L	ited liability company is: .LC	SECRETARY OF STATE STATE OF IDAHO
	of the initial registered office is: s Dr, Meridian, ID 83646	
	initial registered agent at the a	bove address is:
. The mailing address	for future correspondence is: s Dr, Meridian, ID 83646	· · · · · · · · · · · · · · · · · · ·
2267 W. Los Flores		
	imited liability company will be	vested in:
Management of the li Manager(s) 🔽 or If management is to t address(es) of at lease	be vested in one or more mana st one initial manager. If manager	the appropriate box) ger(s), list the name(s) and gement is to be vested in the
<ul> <li>Management of the line</li> <li>Manager(s)  or</li> <li>If management is to the address (es) of at lease member (s), list the new Nar</li> </ul>	Member(s) (please check) be vested in one or more mana- st one initial manager. If manag ame(s) and address(es) of at le	the appropriate box) ger(s), list the name(s) and gement is to be vested in the east one initial member. Address
<ul> <li>Management of the I Manager(s)  or</li> <li>If management is to t address(es) of at lease member(s), list the name</li> </ul>	Member(s) (please check be vested in one or more mana- st one initial manager. If manag ame(s) and address(es) of at le me 2267 W. Los	the appropriate box) ger(s), list the name(s) and gement is to be vested in the east one initial member.
<ul> <li>Management of the II Manager(s)  or</li> <li>If management is to traddress(es) of at lease member(s), list the national Nar</li> <li>Ashwin Suthrave</li> <li>Vijayan Shanmugar</li> </ul>	Member(s) (please check in one or more managest one initial manager. If manageame(s) and address(es) of at lease ame (s) and address (es) and address (es) of at lease ame	the appropriate box) ger(s), list the name(s) and gement is to be vested in the east one initial member. Address Flores Dr, Meridian, ID 83646 le St., #E204, Boise, ID 83706
<ul> <li>Management of the I Manager(s)  ✓ or</li> <li>If management is to t address(es) of at leas member(s), list the nanov Nar</li> <li>Ashwin Suthrave</li> <li>Vijayan Shanmugar</li> <li>Signature of at least of Signature:</li> </ul>	Member(s) (please check is pe vested in one or more mana- st one initial manager. If manag ame(s) and address(es) of at le me 2267 W. Los m 2401 S. App	the appropriate box) ger(s), list the name(s) and gement is to be vested in the east one initial member. Address Flores Dr, Meridian, ID 83646
<ul> <li>Management of the I Manager(s)</li></ul>	Member(s) (please check is pe vested in one or more manages st one initial manager. If manages ame(s) and address(es) of at lease me 2267 W. Los m 2401 S. App	the appropriate box) ger(s), list the name(s) and gement is to be vested in the east one initial member. Address Flores Dr, Meridian, ID 83646 le St., #E204, Boise, ID 83706 hing the limited liability company: Secretary of State use only WU3345
<ul> <li>Management of the I Manager(s)  or</li> <li>If management is to t address(es) of at leas member(s), list the nanoveroperation Nar</li> <li><u>Ashwin Suthrave</u></li> <li><u>Vijayan Shanmugan</u></li> <li><u>Signature of at least of</u></li> <li>Signature: <u>S. As</u></li> <li>Typed Name: <u>Ashwin</u></li> </ul>	Member(s) (please check is pe vested in one or more manages st one initial manager. If manages ame(s) and address(es) of at lease me 2267 W. Los m 2401 S. App subrave Suthrave	the appropriate box) ger(s), list the name(s) and gement is to be vested in the east one initial member. Address Flores Dr, Meridian, ID 83646 le St., #E204, Boise, ID 83706 hing the limited liability company: Secretary of State use only