		FILED EFFECTIV
	OF ORGANIZATION	, <u> </u>
	ABILITY COMPANY	09 JUN -5 AM 8: 33
(Instructions	s on back of application)	SECRETARY OF STATE
1. The name of the limited lia	ability company is:	STATE OF IDAHO
Xtreme Fo		•
	ailing addresses of the initial des	ignated/principal office:
123 W. Main (Street Address)	St. Jenome, ID 8	3338
	Dr. Jeane, 70 83: At address)	33 6
	reet address of the registered ag	,
Name	(Street Address)	Dr. Jerme, JD 83338
· · · · ·	•	
	at least one member or manager	of the limited liability
company: Name	A	idress
Miguel Diaz_	1421 Olympia 1	Dr. Jemme, ID 83388
Vancson M. Do	2 th 1421 Olym	Dia Dr. Jennar, ID 83338
	<u> </u>	: :
11-12-11-11-11-1-1-1-1-1-1-1-1		
·	<u> </u>	
5. Mailing address for future of	correspondence (annual report no	otices):
1421 Olympia	Dr. Jerome, JD 833	38
6. Future effective date of filir	ng (optional):	
Signature of organizer(s). (An or acting in behalf of a member or mem	-	
11		Secretary of State use only
Signature <u>Unnerro</u> M		
Typed Name: <u>Vancosa</u> n		
Signature	ad 07720	IDANO SECRETARY OF STATE 06/05/2009 05:00
Typed Name:	oopforms Revisi	CK: 113143298 CT: 237785 BH: 11734 1 8 190.00 = 100.00 Organ LLC # 1
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