## FILED EFFECTIVE

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	ARTICLES OF OF LIMITED LIABILIT (Instructions on back	of application)
	ame of the limited liability com ta Enterprises, LLC	pany is:
	treet address of the initial regist S. Westwood Dr. Post Falls, Id	
	ne name of the initial registered y F. Houseman	agent at the above address is:
	nailing address for future corres S. Westwood Dr. Post Falls, Ic	
<ul> <li>4. Management of the limited liability company will be vested in:</li> <li>Manager(s)  or Member(s)  (please check the appropriate box)</li> </ul>		
5. If mar addre	nagement is to be vested in one ess(es) of at least one initial mai	or more manager(s), list the name(s) and nager. If management is to be vested in the ress(es) of at least one initial member.
	Name	Address
Sue	L. Kelley	23219 E. Sinto Ave, Liberty Lake, WA 99019
	y F. Houseman	310 S. Westwood Dr. Post Falls, ID 83854
6. Signa Signati		onsible for forming the limited liability company:
Typed Capac Signat	Name: Sue L. Kelley htty: Manager	Secretary of State use only WQSIQ IDAHO SECRETARY OF STATE 91/26/20034 05:000 UX: 535 CT: 176099 BH; 723676
	ity: Manager	IDAHO SECRETARY OF STATE