FILED EFFECTIVE

	ARTICLES OF OR LIMITED LIABILIT (Instructions on back o	YCOMPANY		SALL OF IDAH) 제 0
1.	The name of the limited liability compa	ny is:	•		Ū
	T.L. FUNDING LLC	· · · · · · · · · · · · · · · · · · ·	,		nde strig
2.	The street address of the initial registe 903 Abigal CT. Idal) î î		
	and the name of the initial registered a	gent at the above add	ress is:		
	Trevor Walker_	-			
3	The mailing address for future corresp	ondence is:			
U.	903 Abigal CT. Idah				
л	Management of the limited liability con				
ч.					
5	Manager(s) X or Member(s) If management is to be vested in one c address(es) of at least one initial mana	r more manager(s), lis	t the name(s) ;	and n the	
5.		r more manager(s), lis ager. If management is	t the name(s) ; to be vested i.	n the	
5.	If management is to be vested in one of address(es) of at least one initial mana member(s), list the name(s) and addre	r more manager(s), lis ager. If management is ss(es) of at least one i	t the name(s) ; to be vested i nitial member. Address	n the	61
5.	If management is to be vested in one of address(es) of at least one initial mana member(s), list the name(s) and addre Name	r more manager(s), lis ager. If management is ss(es) of at least one i	t the name(s) ; to be vested i nitial member. Address	n the	6 '
5.	If management is to be vested in one of address(es) of at least one initial mana member(s), list the name(s) and addre Name Trevor Walker	r more manager(s), lis ager. If management is ass(es) of at least one i 903 Abigal	t the name(s) : to be vested i nitial member. Address CT. Idaho Fa	n the alls ID 83404	6 ^{-;}
5.	If management is to be vested in one of address(es) of at least one initial mana member(s), list the name(s) and addre Name 'Trevor Walker 	r more manager(s), lis ager. If management is ass(es) of at least one i 903 Abigal	t the name(s) a to be vested i nitial member. Address CT. Idaho Fa	n the alls ID 83404	61
5.	If management is to be vested in one of address(es) of at least one initial mana member(s), list the name(s) and addre Name Trevor Walker Signature of at least one person responses Signature:	r more manager(s), lis ager. If management is ass(es) of at least one i 903 Abigal	t the name(s) : to be vested i nitial member. Address CT. Idaho Fa	n the alls ID 83404	6
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5. 6.	If management is to be vested in one of address(es) of at least one initial mana member(s), list the name(s) and addre <u>Name</u> <u>Trevor Walker</u> <u>Trevor Walker</u> <u>Signature of at least one person respondent</u> Signature: <u>Trevor Walker</u> Typed Name: <u>Trevor Walker</u> Capacity: <u>President</u>	r more manager(s), lis ager. If management is ass(es) of at least one i 903 Abigal	t the name(s) : to be vested i nitial member. Address CT. Idaho Fa CT. Idaho Fa imited liability of Secretary of State	n the alls ID 83404 company: e use only	
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