	ARTICLES OF OR LIMITED LIABILIT	Y COMPANY	FILED EFFECTIVE
ATE TO	(Instructions on back		[our file no. 17-781.0]
1. The	name of the limited liability comp	bany is:	
Kris	stensen & Ryan #2, LLC		~~~~
2. The	street address of the initial regist	tered office is:	STAT
	70 West State Street, Suite 312		A
and	the name of the initial registered hn W. Ryan		
		nondonao is:	HO ATE
3. The	mailing address for future corres	pundence is.	Habo 83702
	hn W. Ryan, 1770 West State S		
4 Mar	nagement of the limited liability co	ompany will be vested in:	
7. INION	•		
Mar 5. If ma	nager(s) [v] or Member(s) [ anagement is to be vested in one	e or more manager(s), list t nager. If management is t	the name(s) and to be vested in the
Mar 5. If ma add mer	nager(s) [] or Member(s) [ anagement is to be vested in one lress(es) or at least one initial ma mber(s), list the name(s) and add Name	e or more manager(s), list t nager. If management is t lress(es) of at least one ini	the name(s) and to be vested in the itial member. Address
Mar 5. If ma add mer	nager(s) 🔽 or Member(s) 🗌 anagement is to be vested in one Iress(es) or at least one initial ma mber(s), list the name(s) and add	e or more manager(s), list t nager. If management is t Iress(es) of at least one ini 1770 West State Stree	the name(s) and to be vested in the itial member. Address
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Mar 5. If ma add mer <u>Jo</u>   6. Sig Sigr Typ Cap	nager(s) v or Member(s) anagement is to be vested in one lress(es) or at least one initial ma mber(s), list the name(s) and add Name ohn W. Ryan	e or more manager(s), list t inager. If management is t lress(es) of at least one ini <u>1770 West State Stree</u> Boise, ID 83702	the name(s) and to be vested in the itial member. Address et, Suite 312
5. If ma add mer <u>Jo</u>  6. Sig Sigr Typ Cap	nager(s) v or Member(s) anagement is to be vested in one lress(es) or at least one initial ma mber(s), list the name(s) and add Name ohn W. Ryan	e or more manager(s), list t inager. If management is t liress(es) of at least one ini <u>1770 West State Street</u> Boise, ID 83702	the name(s) and to be vested in the itial member. Address et, Suite 312 mited liability company: Secretary of State use only IDAHO SECRETARY OF STATE 03/19/2003 05:00