	0		.ES OF O D LIABIL				THE.	
		(Inst	tructions on ba	ack of applica	ation)		) T	
1. The na	ame of	the limited lia	ability compan	y is:	H Enter	prises, LLC	CO HE CO	No.
2. The a		of the initial re ello, Idaho	egistered office 83201				ALC AL	2.04
agent	at that a	address is: _	T. Kent		— and tr	te name of tr	ne initial regis	
3. The m		<b>ddress for fut</b> t ello,Idaho	ure correspond 83201	lence :8	215 Prov	idence Lane		
4. Manag	gement	of the limited	liability compa	ny will be ves	sted in:			
Manag	ger(s) [	🗌 or Membe	er(s) 🔀 . (please	check the approp	riate box)			
at leas addres	t one ini	itial manager. f at least one <u>Name</u>	ited in one or m If manageme initial membe	ent is to be ve er. <u>821</u>	sted in th Addre	e members, l	•	·
4	H	hif	erson responsil	ble for formin	g the limi			
4	ture of a	hif	rson responsi			idante setnetak f 7/13/200	iligte <b>STATE</b> nly 8 09 : 80	
4	H	hif	rson responsi	ble for formin	let CX	IDARF SECRETARF 7/1.3/2000 : 5878 CT: 1853	iligte <b>STATE</b> nly 8 09 : 80	