FILED EFFECTIVE

						
	~25a) \				ZATION MPANY	2006 MAY 26 PM 2
	35	(Instr	uctions on b	ack of applica	ation)	SELVIL IN OF Wort
1.	The name	of the limit	ted liability c	ompany is:		
	R & L Ve	entures, LLC	C			
2.	The street	address of	f the initial re	egistered offic	ce is:	· .
	49 Professional Plaza, Rexburg, Idaho, 83440					
	and the na	me of the ir	nitial registe	red agent at	the above ad	dress is:
	William F	orsberg				
3.	The mailin	g address f	for future cor	rrespondence	e is:	
	205 Sout	h Bridge	ST ANTHO	ONY ID 8344	1 5	
	Managem	ent of the lir	mited liability	y company w	ill be vested i	n;
4.	managem		•	•		
4 . 5 .	Manager(s	ment is to b		one or more r		ist the name(s) and
	Manager(s If manager address(e	ment is to b s) of at leas	e vested in out one initial range (s) and a	one or more r manager. If n	nanager(s), li nanagement	
	Manager(s If manager address(e	ment is to b s) of at leas), list the na Nam	e vested in out one initial range (s) and a	one or more r manager. If n address(es) c	nanager(s), li nanagement	ist the name(s) and is to be vested in the initial member.
	Manager(s If manager address(e member(s	ment is to b s) of at leas), list the na Nam	e vested in out one initial range (s) and a	one or more r manager. If n address(es) c	nanager(s), li nanagement of at least one	ist the name(s) and is to be vested in the initial member. Address
	Manager(s If manager address(e member(s	ment is to b s) of at leas), list the na Nam	e vested in out one initial range (s) and a	one or more r manager. If n address(es) c	nanager(s), li nanagement of at least one	ist the name(s) and is to be vested in the initial member. Address
 5. 6. 	Manager(s If manager address(e member(s) R. J. Thu Signature	ment is to b s) of at leas), list the na Nam leson	e vested in out one initial rame(s) and a	one or more r manager. If n address(es) o	manager(s), linanagement of at least one uth Bridge	ist the name(s) and is to be vested in the initial member. Address ST ANTHONY ID 83445
 6. 	Manager(s If manager address(e member(s) R. J. Thu Signature:	ment is to best of at least of at least of	e vested in cast one initial rame(s) and a	one or more r manager. If n address(es) o	manager(s), linanagement of at least one uth Bridge	ist the name(s) and is to be vested in the initial member. Address ST ANTHONY ID 83445
 6. 	Manager(s If manager address(e member(s) R. J. Thu Signature	ment is to bes) of at lease), list the na Nam leson of at least	e vested in cast one initial rame(s) and a	one or more r manager. If n address(es) o	manager(s), linanagement of at least one uth Bridge	ist the name(s) and is to be vested in the initial member. Address ST ANTHONY ID 83445
6 .	Manager(s If manager address(e member(s) R. J. Thu Signature: Signature: Typed Name Capacity: Manager Manag	ment is to bes) of at least on e. R. J. The Member	e vested in cate one initial rame(s) and a	esponsible fo	manager(s), linanagement of at least one uth Bridge	ist the name(s) and is to be vested in the initial member. Address ST ANTHONY ID 83445
 6. 6. 	Manager(s If manager address(e member(s) R. J. Thu Signature: Typed Nam Capacity: Manager Signature	ment is to bes) of at least of	e vested in cate one initial rame(s) and a	one or more r manager. If n address(es) of 205 So	manager(s), linanagement of at least one uth Bridge	ist the name(s) and is to be vested in the initial member. Address ST ANTHONY ID 83445

IDAHO SECRETARY OF STATE 95/26/2006 95:00 CK: NONE CT: 156825 BH: 956978 1 8 188.88 ORGAN LLC # 2