	OF ORGANIZATIO	
	LIMITED LIABILITY COMPANY	
(instructions	(instructions on back of application)	
1. The name of the limited lial	bility company is:	SECRETARY GRANATES
· · · · · · · · · · · · · · · · · · ·	FOGLIFTER LABS LLC	
 The complete street and ma 316 E 5TH AVE, POST FALLS, 	-	lesignated office:
(Street Address) SAME		
(Mailing Address, if different than street	address)	
3. The name and complete str	eet address of the registered	agent:
BRADLEY A HUNTER	BRADLEY A HUNTER 316 E 5TH AVE, POST	
(Name)	(Street Address)	
4. The name and address of a	t least one member or manag	er of the limited liability
company:		
<u>Name</u> PANOPTIC ENTERPRISES LL(C 316 E 5TH AVE, POST	Address EALLS ID 93954
	<u>310 E 311 AVE, POST</u>	TALCO, ID 69804
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· · · · · · · · · · · · · · · · · · ·	<u> </u>	
		1997 - 1997 -
	• • • •	
 Mailing address for future co 316 E 5TH AVE, POST FALLS, 		notices):
6. Future effective date of filing	g (optional):	
Signature of a manager, men	wher or authorized	
		Secretary of State use only
Typed Name: DONALD GARY		
Signature		IDAHO SECRETARY OF STATE
vped Name:		CK: 928581 CT: 172099 BH: 131447 1 0 100.00 = 100.00 ORGAN LLC # 1 0 20.00 = 20.00 EXPEDITE:C #

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