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LIMI	TED LIABILIT	Y COMPAN	Y 070CT-5	5 AM 8: 29	
	nstructions on back	of application)	SECRETARY STATE OF	· HI 8:29 *	FECT
The name of th	e limited liability com	nanv is	STATE OF	UF STATE	P
Barber's Edge,	-				
		torod office is:			
	ess of the initial regis				
	reet, Hailey, ID 8333				
	f the initial registered	agent at the abov	e address is:	an a	
Margarita Mart	ynko				
The mailing add	ress for future corres	spondence is:			
PO Box 3968,	Hailey, ID 83333				
The limited liabi	ity company will be:		·		
. If manager-man	ged I or Member aged, list the name(s aged, list the name(s	s) and address(es)		nitial manager.	
If manager-man If member-mana	aged, list the name(s aged, list the name(s <u>Name</u>	s) and address(es) and address(es)	of at least one in of at least one in <u>Address</u>	nitial manager.	
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