		DRGANIZATION	
TOT IS		ack of application)	DB JUNI 10 PM 1:41
1 The name	e of the limited liability co		SECREDARLY OF STATE STATE OF IDAHO
	reet Ice Cream Shoppe		
	t address of the initial re		
	.Becky Dr. Meridian,Id.		
		red agent at the above addr	ress is:
	cLaughlin	-	
3. The maili	ng address for future cor	respondence is:	
	Becky Dr. Meridian,Id.		
4. Manager	nent of the limited liability	y company will be vested in:	
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address(	ement is to be vested in ( es) or at least one initial (s), list the name(s) and a	one or more manager(s), lis manager. If management is address(es) of at least one in	s to be vested in the nitial member.
5. If manag address( member	ement is to be vested in ( es) or at least one initial (s), list the name(s) and a Name	manager. If management is address(es) of at least one i	to be vested in the nitial member. Address
5. If manag address( member John N	ement is to be vested in ( es) or at least one initial (s), list the name(s) and a	manager. If management is	to be vested in the nitial member. Address Ieridian,Id.83642
5. If manag address( member John N	ement is to be vested in ( es) or at least one initial (s), list the name(s) and a Name IcLauhlin	manager. If management is address(es) of at least one in 6045 W.Becky Dr. N	to be vested in the nitial member. Address Ieridian,Id.83642
<ul> <li>5. If manag address( member)</li> <li><u>John M</u></li> <li><u>Christin</u></li> <li><u>Christin</u></li> <li><u>G</u></li> <li>G. Signature Typed Na</li> </ul>	ement is to be vested in a es) or at least one initial (s), list the name(s) and a Name IcLauhlin ne McLaughlin	manager. If management is address(es) of at least one in <u>6045 W.Becky Dr. N</u> 6045 W.Becky Dr. M	to be vested in the nitial member. Address feridian,Id.83642 eridian,Id. 83642
<ul> <li>5. If manag address( member)</li> <li><u>John M</u> <u>Christin</u></li> <li>6. Signature Typed Na Capacity: Signature</li> </ul>	ement is to be vested in ( es) or at least one initial (s), list the name(s) and a <b>Name</b> IcLauhlin ne McLaughlin e of at least one person is: 	manager. If management is address(es) of at least one in 6045 W.Becky Dr. M 6045 W.Becky Dr. M 6045 W.Becky Dr. M	to be vested in the nitial member. Address Ieridian,Id.83642 eridian,Id. 83642

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