	LIMITED LIABI	ORGANIZATION LITY COMPANY	ZOD6 MAY - 1 AM 9:
ALL TOP	(Instructions on b	back of application)	
1. The na	ame of the limited liability c	company is:	SECRETARY OF STAT STATE OF IDAHO
Gode	dard & Associates, LLC		
2. The st	reet address of the initial re	egistered office is:	
2899	Glenwood Drive, Idaho Fa	alls, ID 83404	
and th	e name of the initial registe	ered agent at the above add	ress is:
Jack	Goddard		
3. The m	ailing address for future co	rrespondence is:	
2899	Glenwood Drive, Idaho Fa	alis, ID 83404	
4. Mana	gement of the limited liability	y company will be vested in:	:
5. If man addre	ss(es) of at least one initial	(please check the appropriat one or more manager(s), lis manager. If management is address(es) of at least one it	t the name(s) and to be vested in the
5. If man addre memt	agement is to be vested in ( ss(es) of at least one initial per(s), list the name(s) and a Name	one or more manager(s), lis manager. If management is address(es) of at least one i	t the name(s) and to be vested in the nitial member. Address
5. If man addre memb	agement is to be vested in ss(es) of at least one initial per(s), list the name(s) and a	one or more manager(s), lis manager. If management is address(es) of at least one i 2899 Glenwood Drive	t the name(s) and to be vested in the nitial member.
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<ul> <li>5. If man addre memb</li> <li>Jack</li> <li>Rose</li> <li>6. Signate</li> <li>Signate</li> <li>Typed</li> </ul>	agement is to be vested in o ss(es) of at least one initial per(s), list the name(s) and a Name Goddard emary Goddard	one or more manager(s), lis manager. If management is address(es) of at least one i 2899 Glenwood Drive	t the name(s) and to be vested in the nitial member. Address e, Idaho Falls, ID 83404 e, Idaho Falls, ID 83404