

## APPLICATION FOR REGISTRATION OF LIMITED LIABILITY PARTNERSHIP. FECTIVE

(Instructions on back of application)<sub>ΠΟ ΚΑΥ 25 Ρά 2: 10</sub>

	The undersigned partnership hereby applies for	
۲	Partnership, and submits the following informat	ion pursuant to idano Code § 53-343A.
1.	The name of the partnership is	It tensonal LLT.
2.	Its principal office is located at 820 L	arch, PO Box 120
	- Potlatch, Idal	no 83855
3.	. Its registere≰office in Idaho is located at	same as above
<b></b> .	2 % 5	, and the name of the registered
	agentat thataddress is <u>Tina Pre</u>	ssnall.
		Toloho
4.	. The partnership is organized in the state of $\_$	Tracio.
5.	The nature of its business is	gifts.
6.	The name(s) and address(es) of at least one	nartner:
Ο.		paration
O.	Name Tina M. Pressnall	Address Po. Box 120, Potlatch, ID 83855
O.	, ,	
7.	Name Tina M. Pressnall	
	Name Tina M. Pressnall	Address  Po. Box 120, Potlatch, ID 83855
	Name  Tina M. Pressnall  Other matters (optional):  Signature(s) of at least one partner listed	Address  Do. Box 120, Potlatch, ID  83855  IDANO SECRETARY OF STATE Secretary of State use only  8 09/22/2000 09:00
7.	Name  Tina M. Pressnall  Other matters (optional):  Signature(s) of at least one partner listed in item 6	Address  Do. Box 120, Potlatch, ID  83855  10040 SECRETARY OF STATE Secretary of State use only  829/22/2000 09:00  CK: 4186 CT: 131523 RH: 350169
7.	Name  Tina M. Pressnall  Other matters (optional):  Signature(s) of at least one partner listed in item 6	Address  Do. Box 120, Potlatch, ID  83855  10040 SECRETARY OF STATE Secretary of State use only  86 09/22/2000 09:00  CK: 4188 CT: 131523 BH: 350169  1 0 100.00 = 100.00 ORGAN LLP # 2 1 0 20.00 = 20.00 CORP SUR # 3
7.	Name  Tina M. Pressnall  Other matters (optional):  Signature(s) of at least one partner listed	Address  Do. Box 120, Potlatch, ID  83855  10040 SECRETARY OF STATE Secretary of State use only  86 09/22/2000 09:00  CK: 4188 CT: 131523 BH: 350169  1 0 100.00 = 100.00 ORGAN LLP # 2 1 0 20.00 = 20.00 CORP SUR # 3
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