	ARTICLES OF OR LIMITED LIABILIT	Y COMPA	ON NY	FILED/EFFEC	
	(Instructions on back of	of application)		STATE OF IDAT	
1. The	name of the limited liability comp	any is:		THE CF IDAL	
<u>_C</u>	2B, LLC				
2. The	street address of the initial registe	ered office is:			
1	49 West Rockford, Meridian,	Idaho 83642			
and	the name of the initial registered a	agent at the abov	ve addre:	ss is:	
B	rian Curry				
3. The	mailing address for future corresp	ondence is:			
	149 West Rockford, Meridian, Idaho 83642				
	nagement of the limited liability cor		sted in:		
				,	
5. If ma add	hager(s) $\left \right $ or Member(s) $\left \right _{x} \right $ anagement is to be vested in one of ress(es) or at least one initial man other(s) list the name(s) and addre	or more manage ager. If manager	ment is to	he name(s) and b be vested in the	
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