

	(monucuons on ba	ok of application)	SECRETARY OF STATE
1. The nam	ne of the limited liability c	ompany is:	STATE OF IDAHO
	Во	onners Ferry Pit Stop, LL	C
2. The com	plete street and mailing a	addresses of the initi	al designated/principal office:
	6714 Mair	Street, Bonners Ferry, I	D 83805
(Street Add	fress)		
(Mailing Ac	dress, if different than street address)	· · · · · · · · · · · · · · · · · · ·
3. The nam	ne and complete street ad	ldress of the register	ed agent:
	John Erickson	6714 Main S	treet, Bonners Ferry, ID 83805
(Name)		(Street Address)	
company: Name John Erickson		Address PO Box 1197, Bonners Ferry, ID 83805	
	· · · · · · · · · · · · · · · · · · ·		
***************************************	Robert Fancher	PO Box 16	51, Bonners Ferry, ID 83805
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5. Mailing a	address for future corresp	ondence (annual rec	port notices):
		Street, Bonners Ferry,	• • • • • • • • • • • • • • • • • • •
			,
6. Future e	ffective date of filing (opti	onal):	
•	organizer(s). (An organizer l	s a member, or is	
cting in behalf	of a member or members).		Secretary of State use only
Signaturo	01 (\)	QN ₄	Contract or State Bee Gilly
Signature Typed Name	John Erickson		en e
ypeu maine			1 4
Signature	CAT Free	SALLS formations on Je.PMD	IDAHO SECRETARY OF STA 01/04/2010 05
Typed Name	Robert Fanche	A Management	CK: 101 CT: 243495 BH: 1:
		[.25 42]	. C ARDADES - 1001APP LACES

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