INITIAL LIST OF MANAGERS OR MANAGING STATE BUSINESS LICENSE APPLICATION C		- 2 · ·		FILE NUMBER
IAME OF LIMITED-LIABILITY COMPANY				
ANIE OF LIMITED-LIABILITY COMPANY				
OR THE FILING PERIOD OF TO				
*YOU MAY FILE THIS FORM ONLINE AT www.nv	_			
e entity's duly appointed registered agent in the State of Nevada upon when	nom process can be serv	ea is:		
A FORM TO CHANCE DECISTEDED ACENT INFORMATION IS FOUN	NID AT: WHAW DVCOC GO			
A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUN	ND AT: WWW.IIVSOS.go	<u>/</u>		
SE BLACK INK ONLY - DO NOT HIGHLIGHT	h., andan in atm. ation a	file atamanad samuud		IS FOR OFFICE USE ONL
Return one file stamped copy. (If filing not accompanied MPORTANT: Read instructions before completing and returning		file stamped copy wi	ii be sent to registered	a agent.)
Print or type names and addresses, either residence or business, for all the form. FORM WILL BE RETURNED IF UNSIGNED.  If there are additional managers or managing members, attach a list of the Return completed form with the filing fee of \$125.00. A \$75.00 penalty r. State business license fee is \$200.00. Effective 2/1/2010, \$100 must be	manager or managing mem to this form.  The must be added for failure	to file this form by the la		· ·
Make your check payable to the Secretary of State.  Ordering Copies: If requested above, one file stamped copy will be retuen A copy fee of \$2.00 per page is required for each additional copy generaccompany your order.				
Return the completed form to: Secretary of State, 202 North Carson Streeton must be in the possession of the Secretary of State on or before the receipt date.) Forms received after due date will be returned for addition	e last day of the first mor	th following the initial re	gistration date. (Postma	
filing.  INITIAL LIST FILING FEE: \$125.00 LATE PENALTY: \$75	5.00 BUSIN	ESS LICENSE FEE: \$2	200.00 LATE PENA	ALTY: \$100.00
CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CO	ODE IN BOX BELOW		NRS 76 0	20 Exemption Codes
Pursuant to NRS Chapter 76, this entity is exempt from the B		_	001 - Gove 005 - Motio	rnmental Entity n Picture Company 680B.020 Insurance Co
attach the Declaration of Eligibility form will result in rejecti			ile to	
AME		(DOCUMENT WILL BE	REJECTED IF TITLE N	OT INDICATED)
AME		MANAGER		G MEMBER
DDDEGG	OITY			
DDRESS	CITY		STATE	ZIP CODE
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ADDRESS	CITY		STATE	ZIP CODE
leclare, to the best of my knowledge under penalty of perjury, that th				
knowledge that pursuant to NRS 239.330, it is a category C felony to ate.	knowingly offer any fa	lse or forged instrume	nt for filing in the Offic	e of the Secretary of
,	Title		Dat	е
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