



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2005 OCT 17 AM 8:58

1. The name of the limited liability company is:

Bob Sevy Adventure Partners, LLC

2. The street address of the initial registered office is:

60 Lodgepole Lane, Stanley, ID 83278

and the name of the initial registered agent at the above address is:

Robert J. Sevy

3. The mailing address for future correspondence is:

PO Box 24, Stanley, ID 83278

4. Management of the limited liability company will be vested in:

Manager(s) ☐ or Member(s) ☒ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name	Address
Robert J. Sevy	PO Box 24, Stanley, ID 83278

6. Signature of at least one person responsible for forming the limited liability company:

Signature: Robert J. Sevy

Typed Name: Robert J. Sevy

Capacity: Member

Signature _____

Typed Name: _____

Capacity: _____

Secretary of State use only

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Revised 07/2002

Web Form

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10/17/2005 05:00
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