



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2005 MAY 12 AM 8:48

STATE OF IDAHO

1. The name of the limited liability company is:

Fall River, L.L.C.

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

11189 N. Maple Road, Hayden, Idaho 83835

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

Dirk Roeller

3. The mailing address for future correspondence is:

11189 N. Maple Road

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
<u>Dirk Roeller</u>	<u>11189 N. Maple Road, Hayden, Idaho 83835</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

Signature: *Dirk Roeller*

Typed Name: Dirk Roeller

Capacity: Manager

Secretary of State use only

Signature: _____

Typed Name: _____

Capacity: _____

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Revised 07/2000

IDAHO SECRETARY OF STATE
05/12/2005 05:00
OK: 1848 CT: 187253 BH: 810062
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