

-19-2000 WED 12:	22 PM ROGER CRIST/BRIA	AN ELKINS FAX	NO. 1208 27 828
	ARTICLES O LIMITED LIA (Instructions	OF ORGANIA BILITY COL on back of applica	MPANY OD JU
1. The name of	the limited liability con Liability Company	mpany is: EAST	CAPE RESIDENCE, an Idamo
2. The address	of the initial registered 41, Ketchum, Ida	T.1.00 10.	B-12, 10th Street Center,
agent at that	address is:THOMAS	P. ZIEGLER	— and the name of the initial registered
3. The mailing a	ddress for future corres	spondence <u>P.O.</u> I	Box 41, Ketchum, ID 83340
4. Management	of the limited liability co	ompany will be vest	ted in:
Manager(s)	x or Member(s) □ .		
Manager(s) 5. If manageme at least one ini	nt is to be vested in one	e or more manager ement is to be ves	ate box) (s), list the name(s) and address(es) of ted in the members, list the name(s) and Address
Manager(s) 5. If manageme at least one in	nt is to be vested in one itial manager. If manag f at least one initial me <u>Name</u>	or more manager ement is to be ves mber.	(s), list the name(s) and address(es) of ted in the members, list the name(s) and Address
Manager(s) [5. If manageme at least one initiation address(es) or	nt is to be vested in one itial manager. If manag f at least one initial me <u>Name</u>	e or more manager ement is to be ves mber. P.O. Box	(s), list the name(s) and address(es) of ted in the members, list the name(s) and Address
Manager(s) If manageme at least one in address(es) of THOMAS P. Signature of at	nt is to be vested in one itial manager. If manag f at least one initial me Name ZIEGLER least one person respo	P.O. Box Unit B-1 Ketchum	(s), list the name(s) and address(es) of ted in the members, list the name(s) and Address 41 2, 10th St. Center
Manager(s) [5. If manageme at least one initial address(es) of the thomas P.	nt is to be vested in one itial manager. If manag f at least one initial me Name	P.O. Box Unit B-1 Ketchum	(s), list the name(s) and address(es) of ted in the members, list the name(s) and Address 41 2, 10th St. Center ID 83340
Manager(s) If manageme at least one in address(es) of THOMAS P. Signature of at	nt is to be vested in one itial manager. If manag f at least one initial me Name ZIEGLER least one person respo	P.O. Box Unit B-1 Ketchum	(s), list the name(s) and address(es) of ted in the members, list the name(s) and Address 41 2, 10th St. Center ID 83340 the limited liability company:
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