



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 DEC 19 AM 9:13

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Meadows Park Water Users LLC

2. The complete street and mailing addresses of the initial designated office:

3584 Willow Circle New Meadows, ID 83654

(Street Address)

PO Box 149 New Meadows, ID 83654

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Donna Bourne

(Name)

3584 Willow Circle New Meadows, ID 83654

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Donna Bourne

3584 Willow Circle New Meadows, ID 83654

5. Mailing address for future correspondence (annual report notices):

PO Box 149 New Meadows, ID 83654

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature DBourne

Typed Name: Donna Bourne

Signature _____

Typed Name: _____

Secretary of State use only

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12/19/2013 05:00
CK: 584837 CT: 287643 BH: 1482485
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