

FILED EFFECTIVE



# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

07 MAY -7 PM 3:45

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Lost River Racquetball, LLC

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

225 N. 9th Street, Suite 210, Boise, Idaho 83702

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

Allan R. Bosch

3. The mailing address for future correspondence is:

225 N. 9th Street, Suite 210, Boise, Idaho 83702

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

Monte M. MacConnellP.O. Box 166, Arco, Idaho 83213

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

Signature: *Monte M. MacConnell*Typed Name: Monte M. MacConnellCapacity: Member

Signature: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

Secretary of State use only

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