

**ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

FILED

59 JUL 23 AM 10:45

STATE OF IDAHO

1. The name of the limited liability company is: **FALLS NEIGHBORHOOD CENTER ASSOCIATES, L.L.C.**
2. The address of the initial registered office is: **961 Wildwood Way, Twin Falls, ID 83301**
(not a P.O. Box)
and the name of the initial registered agent at that address is: **Kenneth D. Edmunds.**

Signature of registered agent: *Kenneth D. Edmunds*

3. Is management of the limited liability company vested in a manager or managers?
☐ Yes ☒ No (check appropriate box)
4. If management is vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is vested in the members, list the name(s) and address(es) of at least one initial member.

Name:

Kenneth D. Edmunds

Address:

**961 Wildwood Way
Twin Falls, ID 83301**

5. Signature of at least one person listed in #4 above:

Kenneth D. Edmunds
Kenneth D. Edmunds

IDAHO SECRETARY OF STATE

07/23/1999 09:00
CK: 18984 CT: 2053 BH: 236280

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