



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2004 DEC 27 AM 9:11

1. The name of the limited liability company is:

Wood River Institute, LLC

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

226 Timberline Rd., Hailey, ID 83333

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

Lillian Gaecke

3. The mailing address for future correspondence is:

P.O.Box 5800, Ketchum, ID 83340

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>Lillian Gaecke</u>	<u>P.O. Box 5800, Ketchum, ID 83340</u>
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6. Signature of at least one person responsible for forming the limited liability company:

Signature:

Typed Name: Charles Gaecke

Capacity: Member-Manager

Signature: *Charles Gaecke*

Typed Name:

Capacity:

Secretary of State use only

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Revised 07/2002

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12/27/2004 05:00
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