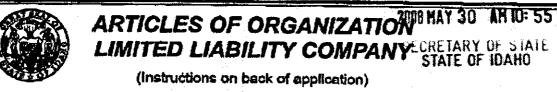
## FILED EFFECTIVE

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	(Instructions on back	of application)
	The name of the limited liability com FF Cloverdale Residential, LLC	npany is:
	The street address of the initial registered office is: 30 Eagle Creek Road, Ketchum, ID 83340 and the name of the initial registered agent at the above address is: Everett Davis III	
	he mailing address for future corres P.O. Box 1965, Sun Valley, ID 6335	
<b>4.</b> Ti	he limited liability company will be:	
		<u> </u>
	lanager-managed 📝 or Member-	
5. If	manager-managed, list the name(s	-managed (please check the appropriate box)  s) and address(es) of at least one initial manager.  and address(es) of at least one initial member.  Address
5. If If	manager-managed, list the name(s member-managed, list the name(s)	s) and address(es) of at least one initial manager. ) and address(es) of at least one initial member.
5. If	manager-managed, list the name(s member-managed, list the name(s)	s) and address(es) of at least one initial manager. ) and address(es) of at least one initial member. Address
5. If	manager-managed, list the name(s member-managed, list the name(s)	s) and address(es) of at least one initial manager. ) and address(es) of at least one initial member. Address
5. if if	manager-managed, list the name(s) member-managed, list the name(s) Name  Everett Davis III  ignature of at least one person responses	s) and address(es) of at least one initial manager. ) and address(es) of at least one initial member. Address
5. if	manager-managed, list the name(s)  Mama  Everett Davis III  ignature of at least one person response.	e) and address(es) of at least one initial manager. and address(es) of at least one initial member.  Address  P.O. Box 1965, Sun Valley, ID 83353
5. if if	manager-managed, list the name(s) member-managed, list the name(s) Name  Everett Davis III  ignature of at least one person responses	and address(es) of at least one initial manager. and address(es) of at least one initial member.  Address  P.O. Box 1965, Sun Valley, ID 83353  consible for forming the limited liability company:
5. if	manager-managed, list the name(s)  Mama  Everett Davis III  ignature of at least one person respondent responsible to the person responsible to the	and address(es) of at least one initial manager. and address(es) of at least one initial member.  Address  P.O. Box 1965, Sun Valley, ID 83353  consible for forming the limited liability company:
5. if	manager-managed, list the name(s)  Name  Everett Davis III  ignature of at least one person respondenture:  Davis III  Everett Davis III	and address(es) of at least one initial manager. and address(es) of at least one initial member.  Address  P.O. Box 1965, Sun Valley, ID 83353  consible for forming the limited liability company:

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