

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

07 FEB 23 AM 9: 32

• • • • • • • • • • • • • • • • • • • •	THE CONTRACTOR OF THE CONTRACT
. The name of the limited liability con	mpany is: SECRETARY OF ST
Headwaters Appraisal, LLC	STATE OF IDAH
. The street address of the initial regi	istered office is:
1661 W. Shoreline Dr. Suite 200.	. Boise, ID 83702
and the name of the initial registered	ed agent at the above address is:
Brian A. Reynolds	
. The mailing address for future corre	
1661 W. Shoreline Dr. Suite 200.	. Bolse, ID 83702
. Management of the limited liability of	company will be vested in:
Manager(s) or Member(s)	(please check the appropriate box)
If management is to be vested in on-	se or more manager(e) list the name(e) and
member(s), list the name(s) and add	anager. If management is to be vested in the ldress(es) of at least one initial member.
address(es) of at least one initial ma	anager. If management is to be vested in the
address(es) of at least one initial ma member(s), list the name(s) and add	anager. If management is to be vested in the ldress(es) of at least one initial member.
address(es) of at least one initial ma member(s), list the name(s) and add Name	anager. If management is to be vested in the Idress(es) of at least one initial member. Address
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address(es) of at least one initial mamember(s), list the name(s) and additional name Name Brian A. Reynolds	anager. If management is to be vested in the Idress(es) of at least one initial member. Address
address(es) of at least one initial mamember(s), list the name(s) and additional name Name Brian A. Reynolds	anager. If management is to be vested in the ldress(es) of at least one initial member. Address 1661 W. Shoreline Dr. Suite 200. Boise, 83702
address(es) of at least one initial material materials, list the name(s) and additional materials. Name Brian A. Reynolds Signature of at least one person rest Signature: Typed Name: Brian A. Reynolds	anager. If management is to be vested in the ldress(es) of at least one initial member. Address 1661 W. Shoreline Dr. Suite 200. Boise, 83702
address(es) of at least one initial material materials, list the name(s) and additional materials. Name Brian A. Reynolds Signature of at least one person resident and the second se	anager. If management is to be vested in the ldress(es) of at least one initial member. Address 1661 W. Shoreline Dr. Suite 200. Boise, 83702
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