

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

2007 MAY 18 PH 12: 41

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	(instr	uctions on back	c of application	٦)	SECRETARY OF STATE
1. The nam	ne of the limit	ed liability com	pany is:		STATE OF IDAHO
Hidden	Falls LLC		<u>-</u>		
2. The street	et address of	the initial regis	stered office is	;	
601 E S	Seltice Way,	Suite 202, Pos	st Falls, ID 83	854	
and the r	name of the ir	nitial registered	agent at the	above addre	ess is:
Columb	bia Stock Tra	nsfer Compan	у		
3. The mail	ling address f	or future corres	spondence is:		
1105 N	l Lincoln Stre	et, Spokane W	VA 99201		
4. Manage	ment of the lir	nited liability co	ompany will be	e vested in:	
Manage	r(s) 🗌 or l	Member(s) ✓	(please chec	k the appropriate	box)
	sement is to b	e vested in one	e or more man	ager(s) list	the name(s) and
address((es) of at leas	e vested in one it one initial ma ime(s) and add	nager, If man	agement is t	to be vested in the
address	(es) of at leas	t one initial ma me(s) and add	nager, If man	agement is t	to be vested in the
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address member Custon 6. Signatur	(es) of at leas (s), list the na Nam n 1031, Inc.	it one initial ma ime(s) and add	nager, if manificess(es) of at	agement is t least one in	nited liability company:
address member Custon 6. Signature	(es) of at leas (s), list the na Nam n 1031, Inc.	it one initial ma ime(s) and add	nager, if manificess(es) of at	agement is t least one in	to be vested in the itial member. Address okane WA 99201
Custon Custon 6. Signature Typed Na	re of at Past of	it one initial ma ime(s) and add	nager, if manificess(es) of at	agement is t least one in	nited liability company:
Custon Custon G. Signature Signature Typed Na Capacity:	re of at least of the name: Shelley: President	it one initial ma ime(s) and add	nager, if manificess(es) of at	agement is t least one in	nited liability company:
Custon Custon 6. Signature Typed Na	re of at lease of	it one initial ma ime(s) and add	nager, if manificess(es) of at	agement is t least one in	nited liability company:

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