

ARTICLES OF ORGANIZATION FILED EFFECTIVE

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1. The	e name of the limited liability comp	pany is:
Hi	ighlands Golf Course, LLC	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
 2. The	e street address of the initial regist	ered office is:
	047 E. Shore Cove, Post Falls, Id	
	d the name of the initial registered	agent at the above address is:
<u>Ki</u>	irk W. Hill	
3. The	e mailing address for future corresp	pondence is:
<u>50</u>	047 E. Shore Cove, Post Falls, ID	83854
4. Ma	nagement of the limited liability co	mpany will be vested in:
Ma	inager(s) 🗸 or Member(s) 🗌	(please check the appropriate box)
IVICA		(Alicens and appropriate pon)
	<u> </u>	or more manager(s), list the name(s) and
		nager. If management is to be vested in the ress(es) of at least one initial member.
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	Name	Address
<u>Ki</u>	irk W. Hill	5047 E. Shore Cove, Post Falls, ID 83854
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	nature of at least one person resp	onsible for forming the limited liability company:
6. Sign		onsible for forming the limited liability company:
6. Sign	nature of at least one person respons	onsible for forming the limited liability company:
6. Sign Type Cap	nature of at least one person responsiture: Maria Manager Manager	onsible for forming the limited liability company:
6. Sign Type Cap	nature of at least one person responsiture: Surf Surf	onsible for forming the limited liability company:
6. Sign Type Cap Sign Type	nature of at least one person responsiture: Maria Willier Manager Manager	onsible for forming the limited liability company: Secretary of State use only Secretary of State use only IDANO SECRETARY OF STATE 49/21/2005 05:

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