

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

PARTE DEFFECTIVE

(Instructions on back of application)

1.	The name of the limited liability company	is: <u>Cas</u>	cade Falls Construction, LLC	
2.	The address of the initial registered office is	s: 1020 H	Hidden Springs Lane, Orofino, ID 839	544
	agent at that address is: Mark Fowler		and the name of the initial	registered
		400	00.111.1.4	20544
3.	The mailing address for future corresponder	ice:	20 Hidden Springs Lane, Orotino, ID	83544
4.	Management of the limited liability company	will be v	vested in:	
	Manager(s) or Member(s). (please cho	eck the appr	propriate 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 members, list the name(s) and address(es) of at least one initial member. Name Address			
	Mark Fowler	1020 Hic	dden Springs Lane, Orofino, ID 8354	4
	Mark Fowler David Krupa		dden Springs Lane, Orofino, ID 8354 dden Springs Lane, Orofino, ID 83544	
6.	David Krupa	1020 Hid	dden Springs Lane, Orofino, ID 83544	
	Signature of at least one person responsible	1020 Hid	dden Springs Lane, Orofino, ID 83544	
	Signature of at least one person responsible Signature Typed Name Legal Zoom.com, Inc. (Organizer)	1020 Hid	dden Springs Lane, Orofino, ID 83544	1
	Signature of at least one person responsible	1020 Hid	dden Springs Lane, Orofino, ID 83544	1
	Signature of at least one person responsible Signature Typed Name Legal Zoom.com, Inc. (Organizer)	1020 Hid	dden Springs Lane, Orofino, ID 83544	1
	Signature of at least one person responsible Signature Typed Name Legal Coom.com, Inc. (Organizer) Capacity By: Johanna Namir, Assistant Secreta	1020 Hid	ning the limited liability company:	

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