

FILED EFFECTIVE



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2005 JUL 27 9:02

1. The name of the limited liability company is:

Cave Falls Retreats, LLC

2. The street address of the initial registered office is:

49 Professional Plaza, Rexburg, Idaho, 83440

and the name of the initial registered agent at the above address is:

William Forsberg

3. The mailing address for future correspondence is:

1438 Potpourri Drive, Ashton, ID 83440

4. Management of the limited liability company will be vested in:

Manager(s) ☐ or Member(s) ☒ (please check the appropriate 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 member(s), list the name(s) and address(es) of at least one initial member.

Name	Address
<u>Kevin Stevens</u>	<u>1438 Potpourri Drive, Ashton, ID 83440</u>
<u>Stacey Stevens</u>	<u>1438 Potpourri Drive, Ashton, ID 83440</u>
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6. Signature of at least one person responsible for forming the limited liability company:

Signature: *William Forsberg*

Typed Name: William Forsberg

Capacity: Organizer

Signature:

Typed Name:

Capacity:

Secretary of State use only

g:\compliance\LLC forms\articles of organization.pdf Revised 07/2002

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07/25/2005 05:00
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