



## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

07 MAY -8. PM 4:22

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

**Black Rock Falls, LLC**

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

**5828 Spring Creek Rd., Emmett, ID 83617**

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

**James B. Roberts**

- 3. The mailing address for future correspondence is:**

**5828 Spring Creek Rd., Emmett, ID 83617**

- 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**

**Idaho Black Rock, LLC**

**5828 Spring Creek Rd., Emmett, ID 83617**

6. Signature of at least one person responsible for forming the limited liability company:

Signature: Wm. Lynn Bell

Typed Name: Wm. Lyman Belnap

Capacity: \_\_\_\_\_

Signature James B. Davis

Typed Name: JAMES B ROBERTS

Capacity: Manager

**Secretary of State use only**

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IDAHO SECRETARY OF STATE  
05/09/2007 05:00  
CK: 1684 CT: 213173 BH: 1052426  
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Revised 07/2002

Web Form