



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

AUG 24 PM 2:05

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Cascade Vacation Rentals, LLC

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

519 N. Main Street, P. O. Box 942, Cascade, Idaho 83611

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

Jackie Lee

3. The mailing address for future correspondence is:

P. O. Box 942, Cascade, Idaho 83611

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>Jackie Lee</u>	<u>P. O. Box 942, Cascade, ID 83611</u>
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6. Signature of at least one person responsible for forming the limited liability company:

Signature: Jackie Lee

Typed Name: Jackie Lee

Capacity: Member

Signature:

Typed Name:

Capacity:

Secretary of State use only

W32780

IDAHO SECRETARY OF STATE
08/24/2004 05:00
CK: 2155 CT: 161698 BH: 762592
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