



ARTICLES OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2005 OCT 7 AM 9:10

1. The name of the limited liability company is:

FALLS HOLLOW DEVELOPMENT SERVICE, LLC

SECRETARY OF STATE
STATE OF IDAHO

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

444 West 525 South, Victor, ID 83455

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

William E. Reid

3. The mailing address for future correspondence is:

P.O. Box 472 Victor ID 83455

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>William E. Reid</u>	<u>P.O. Box 472, Victor, ID 83455</u>
<u>Star E. Miller</u>	<u>P.O. Box 472, Victor, ID 83455</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

Signature: William E. Reid

Typed Name: William E. Reid

Capacity: Member

Signature _____

Typed Name: _____

Capacity: _____

Secretary of State use only

g:\corpforms\LLCforms\articlesoforganization.pdf
Revised 07/2002

IDAHO SECRETARY OF STATE
10/07/2005 05:00
CK: 1151 CT: 193061 BH: 915864
1 @ 100.00 = 100.00 ORGAN LLC # 2

Web Form

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