



# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

2004 JUN 10 A 8:24

(Instructions on back of application)

STATE OF IDAHO

1. The name of the limited liability company is:

Cascade LLC

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

307 South Main Street, Cascade, Id. 83611

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

Janet Byers

3. The mailing address for future correspondence is:

P.O. Box 636, Cascade, Id. 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>Janet Byers</u>	<u>P.O. Box 636, Cascade, ID 83611</u>
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<u> </u>	<u> </u>
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6. Signature of at least one person responsible for forming the limited liability company:

Signature: *Janet Byers*

Typed Name: Janet Byers

Capacity: Member

Signature:  

Typed Name:  

Capacity:  

Secretary of State use only

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