

No. W 21585	Due no later than Nov 30, 2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ECK PROPERTIES, LLC TIM W ECK 6152 W HALFMOON LN EAGLE ID 83616		TIM W ECK 6152 W HALFMOON LN EAGLE ID 83616			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	TIM W ECK	6152 W HALFMOON LN	EAGLE	ID	USA	83616
5. Organized Under the Laws of: ID W 21585		6. Annual Report must be signed.* Signature: Tim Eck Name (type or print): Tim Eck Date: 01/10/2010 Title: Owner				
Processed 01/10/2010		* Electronically provided signatures are accepted as original signatures.				



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

NOV 27 PM 3:08

STATE OF IDAHO

- The name of the limited liability company is:
Eck Properties, LLC
- The street address of the initial registered office is:
6152 W. Halfmoon Lane, Eagle, Idaho 83616
and the name of the initial registered agent at the above address is:
Tim W. Eck
- The mailing address for future correspondence is:
6152 W. Halfmoon Lane, Eagle, Idaho 83616
- Management of the limited liability company will be vested in:
Manager(s) ☐ or Member(s) ☒ (please check the appropriate box)
- If management is to be vested in one or more manager(s), list the name(s) and address(es) or 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>Tim W. Eck</u>	<u>6152 W. Halfmoon Lane</u>
<u></u>	<u>Eagle, Idaho 83616</u>
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- Signature of at least one person responsible for forming the limited liability company:

Signature:
Typed Name: Scott A. Tschirgi
Capacity: Attorney for Company

Signature: _____
Typed Name: _____
Capacity: _____

Secretary of State use only

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Revised 07/2002

IDAHO SECRETARY OF STATE
11/27/2002 05:00
CK: 36394 CT: 67242 BH: 648549
1 @ 100.00 = 100.00 ORGAN LLC # 2

W 21585