

CERTIFICATE OF ORGANIZATION 2009 DEC 29 PM 4: 16

LIMITED LIABILITY COMPANY

SECRETARY OF STATE STATE OF IDAHO

TT9V	(Instructions on back of ap	pplication)	
1. Th	e name of the limited liability company	/ is:	
	Mercy Housin	ng Idaho NSP LLC	
– 2. Th	The complete street and mailing addresses of the Initial designated/principal office:		
	540 N. Eagle Rd., #117, Eagle, ID 83616		
(\$	Street Address)	Same	i
()	deiling Address, if different than street address)		-
l. Th	The name and complete street address of the registered agent:		
-	Corporation Service Company	1401 Shoreline Drive, Suite 2, Boise, ID 83702	_
₹}	Name) (Sire	est Address)	
	e name and address of at least one me mpany: Name	ember or manager of the limited liability	
	Mercy Housing Idaho, Inc.	540 N. Eagle Rd., #117, Eagle, ID 83816	_
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			, .
. Ma	ailing address for future correspondence 1401 Shoreline Drive	e (annual report notices): , Sulte 2, Bolse, ID 83702	
- -		N/A	-
, ru	ture effective date of filing (optional):		-
	ure of organizer(s). (An organizer is a memb a behalf of a member or members).	per, or is	
nis A	/ Manual Communication	Secretary of State use only	·
	A Company of the Comp	12	
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_	Name; Water Taylor III, Organizer		
/ped	Name; Vialler Taylor III, Organizer	C terrapient or 07/200	
ignatı	Name; Vialler Taylor III, Organizer	IDAHO SECRETARY	