

FILED EFFECTIVE



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 JAN -3 AM 8:24

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Sunrise Properties B LLC

2. The complete street and mailing addresses of the initial designated/principal office:

680 K Street Idaho Falls, ID 83402  
(Street Address)

590 Lakewood Avenue Idaho Falls, ID 83401  
(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Onofre Ponce  
(Name)

590 Lakewood Avenue Idaho Falls, ID 83401  
(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

**Name**

**Address**

Onofre Ponce

590 Lakewood Avenue Idaho Falls, ID 8340

5. Mailing address for future correspondence (annual report notices):

590 Lakewood Avenue Idaho falls, ID 83401

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature \_\_\_\_\_

Typed Name: Onofre Ponce

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
01/03/2011 05:00  
CK: 5860 CT: 138067 BH: 1253452  
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