





STATE OF IDAHO

Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

File #: 0004913021

09/14/2022

Date

Date Filed: 9/14/2022 12:36:23 PM

| Certificate of Organization Limited Liability Compar Select one: Standard, Expedited or Sa descriptions below) | | Standard (filing fee \$100) | |
|--|------------------------|---|--|
| 1. Limited Liability Company Name | | | |
| Type of Limited Liability Company | | Limited Liability Company | |
| Entity name | | Cottages Senior Living V LLC | |
| 2. The complete street address of the principal office | e is: | | |
| Principal Office Address | | 1079 S ANCONA AVE | |
| | | STE 110 EAGLE, ID 83616 | |
| 3. The mailing address of the principal office is: | | | |
| Mailing Address | | 1079 S ANCONA AVE | |
| | | STE 110 | |
| | | EAGLE, ID 83616-5539 | |
| 4. Registered Agent Name and Address | | | |
| Registered Agent | | Registered Agent | |
| | | Mark Maxfield | |
| | | Physical Address: 1079 S ANCONA AVE | |
| | | STE 110 | |
| | | EAGLE, ID 83616 | |
| | | Mailing Address: | |
| | | 1079 S ANCONA AVE STE 110 | |
| | | EAGLE, ID 83616-5539 | |
| ✓ I affirm that the registered agent ap 5. Governors | opointed has consented | I to serve as registered agent for this entity. | |
| Name | | Address | |
| Mark Maxfield | 4070 C ANGO | 1079 S ANCONA AVE STE 110 EAGLE, ID 83616 | |

Mark Maxfield

Sign Here