

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 JUL 21 PM 12: 50

SECRETARY OF STATE STATE OF IDAHO

| 1. | The name of the limited liability co | ompany is: STATE OF IDAHO |
|------|---|--|
| | * The C | Gardens Senior Living LLC |
| 2. | | addresses of the initial designated/principal office: Milan Way Meridian, ID 83642 |
| | (Street Address) | |
| | (Mailing Address, if different than street address) | |
| 3. | The name and complete street address of the registered agent: | |
| | Matthew Hoskin | 3693 S. Milan Way Meridian, ID 83642 |
| | (Name) | (Street Address) |
| 4. | The name and address of at least company: | one member or manager of the limited liability |
| | <u>Name</u> | Address |
| | Matthew Hoskin | 3693 S. Milan Way Meridian, ID 83642 |
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| 5. | Mailing address for future correspondence (annual report notices): 3693 S. Milan Way Meridian, ID 83642 | |
| 6. | Future effective date of filing (option | nal): |
| | nature of organizer(s). (An organizer is a g in behalf of a member or members). | a member, or is |
| | nature Mall AL | Secretary of State use only |
| Гуре | ed Name: Matthew Hoskin | 8 |
| Sign | ature | IDAHO SECRETARY OF STATE 67/21/2008 05:200 CK: 1887 CT: 225285 BH: 1128846 |
| Гуре | ed Name: | 1 9 190.00 = 100.00 ORGAN LLC 9 |

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