Typed Name: VALERI ZAHARIE, Manager

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

12 FEB 10 AM 9: 04

| 1. | The name of the limited liability | company is: SECRETARY OF STATE STATE OF IDAHO |
|-----|--|--|
| | The Renaissance at Coeur d'Alene Assisted Living Community, LLC | |
| 2. | 5743 E Shoreline Dr, Post Falls, ID 83 | addresses of the initial designated office: 3854 |
| | (Street Address) | |
| | (Mailing Address, if different than street address) | |
| 3. | The name and complete street address of the registered agent: | |
| | MELINDA R. WEBER | 8882 W Leinum, Coeur d'Alene, ID 83814 |
| | (Name) | (Street Address) |
| 4. | The name and address of at least one member or manager of the limited liability company: | |
| | Name Name | Address |
| | VALERI ZAHARIE | 5743 E Shoreline Dr, Post Falls, ID 83854 |
| | RON A. GLAUSER | 5743 E Shoreline Dr, Post Falls, ID 83854 |
| | FRIEDRICH J. WEBER, JR | 2900 Government Way, #78, Coeur d'Alene ID 83815 |
| | MELINDA R. WEBER | 2900 Government Way, #78, Coeur d'Alene ID 83815 |
| | | |
| | | |
| 5. | Mailing address for future corres | pondence (annual report notices): |
| | 5743 E Shoreline Dr, Post Falls, ID 83854 | |
| 6. | Future effective date of filing (op | tional): |
| | | |
| | nature of a manager, memberson. | or authorized |
| PC: | 3011. | Secretary of State use only |
| Sig | nature Melinke Rwe | ve (|
| Тур | oed Name: MELINDA R. WEBER, Ma | IDAHO SECRETARY OF STATE 92/19/2012 95:00 |
| Sig | inature Delai Zuharia | CK: 8546 CT: 183679 BH: 1310188 1 8 188.88 = 188.88 ORGAN LLC # 2 |

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