



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2017 NOV -9 PM 3:43

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Cottages Senior Living II LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

1079 S. Ancona Ave., Suite 110, Eagle, Idaho 83616

(Street Address)

(Mailing Address, if different)

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

Mark Maxfield

1079 S. Ancona Ave., Suite 110, Eagle, Idaho 83616

(Name)

(Address cannot be a post office box or postal mail box.)

4. The name and address of at least one governor of the limited liability company:

Mark Maxfield

1079 S. Ancona Ave., Suite 110, Eagle, Idaho 83616

(Name)

(Address)

Derek Maxfield

3400 Mayflower Ave., Suite 505, Lehi, Utah 84043

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

1079 S. Ancona Ave., Suite 110, Eagle, Idaho 83616

(Address)

Signature of organizer(s).

Signature: *Mark Maxfield*

Printed Name: Mark Maxfield

Signature: _____

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

11/09/2017 05:00

CK:3423 CT:348230 BH:1611429

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