

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## **FILED EFFECTIVE**

2015 JUN -4 AM 9: 45

(Instructions on back of application) The name of the limited liability company is: Lakeview Apartments, LLC 2. The complete street and mailing addresses of the initial designated office: 497 Olander Rd., Winchester, ID 83555 (Street Address) (Mailing Address, if different than street address) The name and complete street address of the registered agent: 497 Olander Rd., Winchester, ID 83555 Diana Humphrey (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Address Name<sub></sub> 497 Olander Rd., Winchester, ID 83555 Diana Humphrey 5. Mailing address for future correspondence (annual report notices): 497 Olander Rd., Winchester, ID 83555 6. Future effective date of filing (optional): \_\_\_\_\_\_\_ Signature of a manager, member or authorized person. Secretary of State use only IDAHO SECRETARY OF STATE Signature 06/04/2015 05:00 Typed Name: Brian Webb, authorized person CK:2900368 CT:172099 BH:1478334 16 100.00 = 100.00 ORGAN LLC #2 Signature\_\_\_\_

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Typed Name: