



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2012 OCT 24 PM 12: 3

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

CREI Florence Healthcare, LLC

2. The complete street and mailing addresses of the initial designated office:

1222 Vista Avenue, Boise, ID 83705

(Street Address)

(Mailing Address, if different than street address)

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

Bart Cochran

(Name)

1222 Vista Avenue, Boise, Idaho 83705

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

NameAddress

Clearwater 2008 Note Program, LLC

1222 Vista Avenue, Boise, Idaho 83705

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

1222 Vista Avenue, Boise, Idaho 83705

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Bt C

Typed Name:

Bart Cochran, Manager

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
10/24/2012 05:00  
CK: 7842 CT: 254065 BH: 1344998  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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