







## STATE OF IDAHO

Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301

LIABILITY COMPANY

Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0004854711

Date Filed: 8/9/2022 5:23:52 PM

| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below) |                                 | Standard (filing fee \$100)                          |
|--|---------------------------------|--|
| 1. Limited Liability Company Name  |                                 |  |
| Type of Limited Liability Company  |                                 | Limited Liability Company                            |
| Entity name  |                                 | #109 Capella Exchange Accommodation Titleholder, LLC |
| 2. The complete street address of the principal  | office is:                      |  |
| Principal Office Address   |                                 | 163 FOURTH AVE N<br>TWIN FALLS, ID 83301             |
| 3. The mailing address of the principal office is:   |                                 |  |
| Mailing Address  |                                 | PO BOX 486<br>TWIN FALLS, ID 83303-0486              |
| 4. Registered Agent Name and Address   |                                 |  |
| Registered Agent   |                                 | Registered Agent                                     |
|  |                                 | Kathy Easterday<br>Physical Address:                 |
|  |                                 | Physical Address:<br>163 FOURTH AVE N                |
|  |                                 | TWIN FALLS, ID 83301                                 |
|  |                                 | Mailing Address:                                     |
|  |                                 | PO BOX 486<br>TWIN FALLS, ID 83303-0486              |
|  |                                 |  |
| I affirm that the registered agent   | : appointed has consented       | to serve as registered agent for this entity.        |
|  |                                 |  |
| 5. Governors   |                                 |  |
| 5. Governors  Name   |                                 | Address  |
|  | 163 FOURTH A'<br>TWIN FALLS, IE | VE N   |
| Name   |                                 | VE N   |
| Name Capella Corp.   |                                 | VE N   |