

Typed Name: \_\_\_\_

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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1. The name of the limited liability company is:  SUGAR CITY APARTMENTS, LLC  2. The complete street and mailing addresses of the initial designated/principal office:  517 COUNTRYSIDE AVE. REXBURG, ID 83440  (Street Address)  (Mailing Address, if different than street address)  3. The name and complete street address of the registered agent:  TREVER EINERSON  (Street Address)  4. The name and address of at least one member or manager of the limited liability company:  Name  TREVER EINERSON  517 COUNTRYSIDE AVE. REXBURG, ID 83440  517 COUNTRYSIDE AVE. REXBURG, ID 83440  518 COUNTRYSIDE AVE. REXBURG, ID 83440  519 COUNTRYSIDE AVE. REXBURG, ID 83440  510 COUNTRYSIDE AVE. REXBURG, ID 83440  510 COUNTRYSIDE AVE. REXBURG, ID 83440  511 COUNTRYSIDE AVE. REXBURG, ID 83440  52 COUNTRYSIDE AVE. REXBURG, ID 83440  53 COUNTRYSIDE AVE. REXBURG, ID 83440  54 COUNTRYSIDE AVE. REXBURG, ID 83440  55 Mailling address for future correspondence (annual report notices):  3456 E 17TH #140 AMMON, ID 83408  66 Future effective date of filing (optional):	·		
2. The complete street and mailing addresses of the initial designated/principal office:  517 COUNTRYSIDE AVE. REXBURG, ID 83440  (Street Address, if different than street address)  3. The name and complete street address of the registered agent:  TREVER EINERSON  517 COUNTRYSIDE AVE. REXBURG, ID 83440  (Name)  (Street Address)  4. The name and address of at least one member or manager of the limited liability company:  Name  Address  TREVER EINERSON  517 COUNTRYSIDE AVE. REXBURG, ID 83440  518 COUNTRYSIDE AVE. REXBURG, ID 83440  52 Mailing address for future correspondence (annual report notices):  3456 E 17TH #140 AMMON, ID 83408	1. The name of the limited liability cor	mpany is:	SECHETARY OF STATE
2. The complete street and mailing addresses of the initial designated/principal office:  517 COUNTRYSIDE AVE. REXBURG, ID 83440  (Street Address)  (Mailing Address, if different than street address)  3. The name and complete street address of the registered agent:  TREVER EINERSON  517 COUNTRYSIDE AVE. REXBURG, ID 83440  (Name)  (Street Address)  4. The name and address of at least one member or manager of the limited liability company:  Name  Address  TREVER EINERSON  517 COUNTRYSIDE AVE. REXBURG, ID 83440  518 COUNTRYSIDE AVE. REXBURG, ID 83440  52 Mailing address for future correspondence (annual report notices):  3456 E 17TH #140 AMMON, ID 83408	SUGAR	CITY APARTMENTS, LLC	STATE OF IDAHO
(Mailing Address, if different than street address)  3. The name and complete street address of the registered agent:  TREVER EINERSON  (Name)  517 COUNTRYSIDE AVE. REXBURG, ID 83440  (Street Address)  4. The name and address of at least one member or manager of the limited liability company:  Name  Address  TREVER EINERSON  517 COUNTRYSIDE AVE. REXBURG, ID 83440  518 COUNTRYSIDE AVE. REXBURG, ID 83440  519 COUNTRYSIDE AVE. REXBURG, ID 83440  520 Mailing address for future correspondence (annual report notices):  3456 E 17TH #140 AMMON, ID 83406	517 COUNTRY		ated/principal office:
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Name  TREVER EINERSON  517 COUNTRYSIDE AVE. REXBURG, ID 83440  5. Mailing address for future correspondence (annual report notices):  3456 E 17TH #140 AMMON, ID 83406	(Name)	(Street Address)	
TREVER EINERSON 517 COUNTRYSIDE AVE. REXBURG, ID 83440  5. Mailing address for future correspondence (annual report notices):  3456 E 17TH #140 AMMON, ID 83406		one member or manager of t	he limited liability
5. Mailing address for future correspondence (annual report notices):  3456 E 17TH #140 AMMON, ID 83406	· -	Address	
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	5. Mailing address for future correspo	ndence (annual report notice	es):
6. Future effective date of filing (optional):	3456 E 17	7TH #140 AMMON, ID 83406	
6. Future effective date of filing (optional):			
	6. Future effective date of filing (option	nal):	
Signature of organizer(s). (An organizer is a member, or is	•	a member, or is	
acting in behalf of a member or members).  Secretary of State use only	acting in behalf of a member or members).	Sec	retary of State use only
	Signature /- ()		
Typed Name: TREVER EINERSON		ON 8	
Typed Name: TREVER EINERSON IDAHO SECRETARY OF STATE	Typed Name.	18 80 8 P	
Signature	Signature	-C form	92/11/2010 05:00 : 2585 CT: 171497 BH: 1207635

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