

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 DEC 19 AM 9:13

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

CUMMINGS APARTMENTS III, LLC

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

1240 LUNDQUIST LANE, MOSCOW ID 83843

(Street Address)

PO BOX 8821, MOSCOW ID 83843

(Mailing Address, if different than street address)

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

GARY W. CUMMINGS

(Name)

1240 LUNDQUIST LANE, MOSCOW ID 83843

(Street Address)

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

NameAddress

CUMMINGS LIVING TRUST

1240 LUNDQUIST LANE, MOSCOW ID 83843

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

PO BOX 8821, MOSCOW ID 83843

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name:

GARY W. CUMMINGS

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

12/19/2014 05:00

CK: 8112 CT: 149258 BH: 1453723

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