

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2013 JAN 30 AM 9: 50

(Instructions on back of application)

The name of the limited liability co	mpany is:	STATE OF IDAHO
Dorot	hy Jane Apartments, LLC	
The complete street and mailing ac 1037 Skyline Dr., Twin Falls, ID 83301	ddresses of the initial designa	ted office:
(Street Address) P.O. Box 944, Twin Falls, ID 83301		
(Mailing Address, if different than street address) The name and complete street address	Iress of the registered agent:	
Nikki Daisher	1037 Skyline Dr., Twin Falls, ID	83301
(Name)	(Street Address)	
The name and address of at least company:	one member or manager of th	e limited liability
<u>Name</u>	Addres	<u>s</u>
Miles Daisher	P.O. Box 944, Twin Falls, ID 83	301
Nikki Daisher	P.O. Box 944, Twin Falls, ID 83	301
Mailing address for future correspo	ndence (annual report notices	s):
P.O. Box 944, Twin Falls, ID 83301	,	•
Future effective date of filing (option	nal):	
gnature of a manager, member or rson.	r authorized	
inature Mile Douth	Secre	etary of State use only
ped Name: Miles Daisher		
gnature WW - 5Dc		
ped Name: Nikki Daisher		IDAHO SECRETARY OF STATE

DANG SECRETARY OF STATE 01/30/2013 05:00 CK: 1268844 CT: 172099 BH: 1357973 1 0 100.00 = 100.00 ORGAN LLC # 2 1 0 20.00 = 20.00 EXPEDITE C # 3

cert_org_lic Rev. 07/2010

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