FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION

| LIMITED LIAE | BILITY COMPANY | ZUIN OCT -7 PM 4: 40 |
|--|-------------------------|---------------------------------------|
| (Instructions on back of application) | | SECRETARY OF STATE STATE OF IDAHO |
| 1. The name of the limited liabili | ty company is: | STATE OF IDAHO |
| BVB Waco Franklin Village, LLC | • | |
| 2. The complete street and mailin | • | esignated office: |
| 901 Pier View Drive, Suite 201, Ida (Street Address) | ano Falis, (D 83402 | |
| PO Box 51298, Idaho Falls, ID 834 (Mailing Address, if different than street address) | | · · · · · · · · · · · · · · · · · · · |
| 3. The name and complete stree | • | agent: |
| Thel W. Casper, Esq. | 901 Pier View Drive, Su | iite 201, Idaho Falls, ID 83402 |
| (Name) | (Street Address) | |
| . The name and address of at le | ast one member or manag | · |
| <u>Name</u> BV Management Services, Inc. | PO Box 51157, Idaho F | Address |
| | | ano, 12 00 100 |
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| Molling address for fatigues as | | ,, , |
| Mailing address for future corresponding to Box 51298, Idaho Falls, ID 834 | · · | notices): |
| | | |
| . Future effective date of filing (o | ontional)· | |
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| gnature of a manager, member | er or outhorized | |
| rson. | or aumorized | |
| | | Secretary of State use only |
| gnature QW | | |
| ped Name: Thel W. Casper, Organ | izer | IDAHO SECRETARY OF ST. |
| | | 10/08/2014 05:0 |
| gnature | | PREPAID CT:167590 BH |
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9/21/2012

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