



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 MAR -2 AM 8:32

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Liberty Square ~~LLC~~ Retirement Living LLC

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

2475 S. Ammon Rd. Ammon, ID 83406

(Street Address)

(Mailing Address, if different than street address)

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

Randy Robinson

2475 S. Ammon Rd. Ammon, ID 83406

(Name)

(Street Address)

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

**Name**

**Address**

Randy Robinson

1598 Shady Pines DR. Idaho Falls, ID 83404

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

2475 S. Ammon Rd. Ammon, ID 83406

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name:

Randy Robinson

Signature

Typed Name:

Randy Robinson

Secretary of State use only

g:\corporations\LLC form\llcform\_01\_01\_08.PMD  
Revised 07/2008

IDAHO SECRETARY OF STATE  
03/02/2009 05:00  
CX: 10224 CT: 234592 DH: 1159076  
1 @ 100.00 = 100.00 ORGAN LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

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