



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

11 JAN -3 AM 8:24

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Sunrise Properties D LLC

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

1425 Kearney Idaho Falls, ID 83402

(Street Address)

590 Lakewood Avenue Idaho Falls, ID 83401

(Mailing Address, if different than street address)

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

Onofre Ponce

(Name)

590 Lakewood Avenue Idaho Falls, ID 83401

(Street Address)

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

Name

Address

Onofre Ponce

590 Lakewood Avenue, Idaho Falls, ID 83401

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

590 Lakewood Avenue Idaho Falls, ID 83401

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Onofre Ponce

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
01/03/2011 05:00
CK: 5868 CT: 138867 BH: 1253452
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