



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 MAY 17 AM 10:14

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Northwest Pointe Apartments, LLC

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

1401 Shoreline, Boise, Idaho

(Street Address)

Post Office Box 8223, Boise, Idaho 83707

(Mailing Address, if different than street address)

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

Connie Friberg

(Name)

1401 Shoreline Drive, Boise, Idaho

(Street Address)

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

Name

Address

Neighborhood Housing Services, Inc.

Post Office Box 8223, Boise, Idaho 83707

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

Post Office Box 8223, Boise, Idaho 83707

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Joe Swenson, CEO/CFO

Signature

Typed Name: JOSEPH O. SWENSON

Secretary of State use only

IDAHO SECRETARY OF STATE
05/17/2012 05:00
CK: 996971 CT: 172099 BH: 1324515
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