

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2013 JUL 18 AM 9

	(Instructions on back	of application	n)	SECRE	TADVOC.
1. T	he name of the limited liability com	npany is:		STAT	ËÖFÄLÄMI
	THE COTTAGES OF TWIN FALLS, LLC				
	he complete street and mailing add 1079 S. ANCONA AVENUE SUITE 110 Street Address)	dresses of the	initial design	nated office:	
į	EAGLE, ID 83616 (Mailing Address, if different than street address)		•		
3. T	he name and complete street address of the registered agent:				
. (GAROLD MAXFIELD	1079 S. ANC	ONA AVENUE	SUITE 110	
7	(Name)	(Street Address)	·		
* •	The name and address of at least one member or manager of the limited liability company:				
	<u>Name</u> GAROLD MAXFIELD	Address 1079 S. ANCONA AVE. #110; EAGLE, ID 83616			
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	lailing address for future correspon 1079 S. ANCONA AVE. #110; EAGLE, ID	• •	al report notic	ces):	
6. F	uture effective date of filing (option	al):			
Signa	ature of a manager, member or	authorized		tine in	
perso Signa	y on Lind		s	ecretary of State us	e only

IDAHO SECRETARY OF STATE

07/18/2013 05:00

CK: 4789 CT: 115176 BH: 1382594
1 @ 100.00 = 100.00 ORGAN LLC # 2

cert_org_llc Rev. 07/2010

Signature_

Typed Name: