State of Idaho

Department of State

CERTIFICATE OF AUTHORITY
OF

EQR-SEASONS VISTAS, INC. File number C 106789

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application of EQR-SEASONS VISTAS, INC. for a Certificate of Authority to transact business in this State, duly signed and verified pursuant to the provisions of the Idaho Business Corporation Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to EQR-SEASONS VISTAS, INC. to transact business in this State under the name EQR-SEASONS VISTAS, INC. and attach hereto a duplicate original of the Application for such Certificate.

Dated: June 27, 1994



Pete D Cenarrusa SECRETARY OF STATE

By Ma Suke

APPLICATION FOR CERTIFICATE OF AUTHORITY July 27 9 22 NH 194

(Profit Corporation)

SEGRETARY OF STATE

-	ne Secretary of State of Idaho Pursuant to Section 30-1-110, Idaho Code, Authority to transact business in your State	the undersigned C , and for that purpo	corporation hereby applies for a Certificate of ese submits the following statement:		
l. '	The name of the corporation isEQR-Seasons Vistas, Inc.				
2. ·	The name which it shall use in idaho isEQR-Seasons Vistas, Inc.				
	(To be used only when required to avoid a conf Directors resolution adopting assumed name in	lict with a name aire	ady on file. Must be accompanied by a Board of		
) .	it is incorporated under the laws of	Illinoi	S		
			and the period of its duration,		
	if other than perpetual, is				
	c/o Ann M. Schneider, 2 N. Riverside Plaza, Chicago, IL 60606 The address to which correspondence should be addressed, if different than item 5, is Same as No. 5				
7.	The street address of its proposed registered office in Idaho is				
			ce-Hall Corporation System, Inc		
8. · -	The purpose or purposes which it is proposed to pursue in the transaction of business in Idaho are:				
	Nominee titleholder of real property				
	(Continued on reverse)		Secretary of State use only		
	Submit applications and certificate of	f status	Secretary of Statement OF STATE 19940627 0900 91570 2 CK 8: 69437 CUST8 2617		
ik or Te oriikik	Office of the Secretary of State		CORP 10 100.00= 100.00		

. The names and respe	ctive addresses of its direc	ctors and officers are:
Name	Office	Address
onald J. Liebentritt	Director/President	2 N. Riverside Plaza, Chicago, IL 60606
rthur A. Greenberg	Director/VP/Treasurer	Same as above
ames M. Phipps	Director/VP	Same as above
Ann M. Schneider	Secretary	Same as above
Marlene C. Kosfeld	Asst. Secretary	Same as above
		
Idaho.		
I. This application is acc	companied by a Certificate	of Corporate Status or Existence, dated within 90 days, duly
authenticated by the p	roper officer of the state of	or country under the laws of which it is incorporated.
sted: June 22, 1994		
	£	QR-Seasons Vistas, Inc.
		(Corpbration name)
	By	Its Braydeht/Vice President (please specify)
	and (_	
TATE OF Il·linoi	.s)	its Secretary/Assessment Secretary (please specify)
) ss:	ℓ
OUNTY OFCoo	k	
1. Carla ASh	Annor Phillips	, a notary public, do hereby certify that on
i s	day ofJune	, 19 , personally appeared before
Jame 	s M. Phipps	, who being by me first duly swom, declared that (s)he
Vica Dras	sident - 1	EQR-Seasons Vistas, Inc.
the	of	EQK-Seasons Vistas, Inc.
nat (s)he signed the foreg		Vice President of the corporation and that
he statements therein cor	ntained are true.	manual are
	(la A)	CARLA A SHANNON- NOTARY PUBLIC: STATE My Commission Busines
	Ling, C	Notary Public

File Humber 5786-901-1



I, George H. Ryan, Secretary of State of the State of Illinois,



In Testimony Mherrof, I hereto set				
		be affixed the Great Seal of		
		23RD		
day of	JUNE	A.D., 19 94		

Swy & Ryan SECRETARY OF STATE