

251



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 AUG 24 PM 4:05

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Seasons at Sandpoint, LLC

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

409 Creekside Lane, Sandpoint, ID 83864

(Street Address)

P.O. Box 529 Dover, ID 83825

(Mailing Address, if different than street address)

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

Ramsden, Marfice, Ealy, Harris, LLP

(Name)

700 Northwest Blvd., Coeur d'Alene, ID 83814

(Street Address)

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

NameAddressMike KinneyP.O. Box 529 Dover, ID 83825

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

P.O. Box 529 Dover, ID 83825

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Douglas S. Marfice

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/24/2015 05:00

CK:3145250 CT:172099 BH:1489404

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1@ 20.00 = 20.00 EXPEDITE C #3

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