



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2014 JUN 12 AM 8:59

1. The name of the limited liability company is:

Maple Street Apartments, LLC

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

1949 Malibu Drive

(Street Address)

Idaho Falls, ID, 83404

(Mailing Address, if different than street address)

SECRETARY OF STATE
STATE OF IDAHO

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

Christopher Hott

(Name)

1949 Malibu Drive, Idaho Falls, ID, 83404

(Street Address)

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

Name

Christopher Hott

Address

1949 Malibu Drive, Idaho Falls, ID, 83404

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

1949 Malibu Drive, Idaho Falls, ID, 83404

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Christopher Hott

Signature _____

Typed Name: _____

Secretary of State use only

IDaho SECRETARY OF STATE
06/12/2014 05:00

CK:1048 CT:297875 BH:1428825
1@ 100.00 = 100.00 ORGAN LLC #2
1@ 20.00 = 20.00 EXPEDITE C #3