



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**  
2014 JUN 12 AM 8:59

SECRETARY OF STATE  
STATE OF IDAHO

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)

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**

**Address**

Christopher Hott

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

W138903