

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY SECRETARY RESOLUTION

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	55 FB	(Instructions on bac	ck of application)	STATE OF IDAHO
1.	The	name of the limited liability or	ompany is:	; · · · · · · · · · · · · · · · · · · ·
	BVCV High Point, LLC			
2.	The complete street and mailing addresses of the initial designated office: 901 Pier View Drive, Ste 201, Idaho Falis, Idaho 83402 (Street Address) PO Box 51298, Idaho Falis, Idaho 83405 (Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Thei (Name	W. Casper, Esq.	901 Pier View Drive, Ste 2 (Street Address)	01, Idaho Falis, Idaho 83402
4.	The name and address of at least one member or manager of the limited liability company:			
		Name Address		idreae
	•			
5. Mailing address for future correspondence (annual report notices): PO Box 51298, Idaho Falls, Idaho 83405				
6.	Future	effective date of filing (option	nal):	
Sign pers	ature on.	of a manager, member or	r authorized	Secretary of State use only
-	ature ed Nar	me: Cortney Liddlard, President o	of Mahager	Secretary of State use only
Sign: Type	ature_ ed Nar	ne:		IDAHO SECRETARY OF STATE 03/09/2012 05:00 CK: NONE CT: 167590 BH: 1314312 1 0 100.00 = 100.00 ORGAN LLC # 2 1 0 20.00 = 20.00 EXPEDITE C # 3

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