



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 SEP -2 AM 9:19

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

TYLER CIRCLE APTS. LLC

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

3317 W 3700 N

(Street Address)

MOORE, IDAHO 83255

(Mailing Address, if different than street address)

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

DEBORAH BROADIE
(Name)

3317 W 3700 N MOORE, IDAHO
(Street Address)

83255

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

| Name | Address |
|------------------------|-----------------------------------|
| <u>DEBORAH BROADIE</u> | <u>3317 W 3700 N MOORE, IDAHO</u> |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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

3317 W 3700 N MOORE, IDAHO 83255

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

Signature of a manager, member or authorized person.

Signature Deborah Broadie

Typed Name: DEBORAH BROADIE

Signature _____

Typed Name: _____

Secretary of State use only

W141739

IDAHO SECRETARY OF STATE

09/02/2014 05:00

CK:106 CT:300685 BH:1439569

1@ 100.00 = 100.00 ORGAN LLC #2

Phone # 208-588-4455