

## CERTIFICATE OF ORGANIZATION SEP 17 AM 9: 52

	OF 12	(Instructions on bac	ck of application)	SECRETARY OF STATE STATE OF IDAHO
1.	The name o	f the limited liability co	ompany is: Equity Living LLC	On see the Robert
2.	The complete street and mailing addresses of the initial designated office: 16083 S. 10th Ave. Caldwell, ID 8367			
	(Street Address)	)		
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Jake C Simpson 16083 S. 10th Ave. Caldwell, ID 83607		Caldwell, ID 83607	
	(Name)		(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:			
	Name		Address	
	Jake C Simpson 16083 S. 10th Ave. Caldwell, ID 83607		Caldwell, ID 83607	
5.	Mailing addr	ess for future correspo	ondence (annual repo	ort notices):
	16083 S. 10th	Ave. Caldwell, ID 83607	<del></del>	
6.	Future effect	tive date of filing (optic	nal):	
	nature of a	manager, member o	r authorized	
•				Secretary of State use only
_	nature <u>  / / /</u> ped Name:	JAKE SIMP	50 h	
Sign	nature			
Тур	oed Name: _			
				IDAHO SECRETARY OF STATE

10ANU SECRETARY OF STATE 109/17/2012 05:00 CK: 1198 CT: 274339 BH: 1340125 1 0 180.00 = 180.00 ORGAN LLC # 2