

UNITED STATES OF AMERICA

The State of



Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

**CERTIFICATE OF FORMATION**

to

**RELIANCE SENIOR HOUSING FUND LLC**

A WA LIMITED LIABILITY COMPANY, effective on the date indicated below.

Effective Date: 11/07/2019

UBI Number: 604 535 899



Given under my hand and the Seal of the State  
of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Date Issued: 11/07/2019



# SOS

Office of the Secretary of State  
Corporations & Charities Division

James M. Dolliver Building  
801 Capitol Way South • PO Box 40234  
Olympia, WA 98504-0234  
Tel: 360.725.0377  
[www.sos.wa.gov/corps](http://www.sos.wa.gov/corps)

Congratulations:

You have completed the initial filing to create a new business entity. **The next step in opening your new business is to complete a Business License Application.** You may have completed this step already. The Business License Application can be completed online or downloaded at:  
<http://www.bls.dor.wa.gov/>.

If you have any questions about the Business License Application, or would like a Business License Application package mailed to you, please call the Department of Revenue at 1-800-451-7985.

If you have questions about annual reports or registered agent requirements, please contact the Corporations Division at 360-725-0377 or visit our website at: <http://www.sos.wa.gov/corps>.

## IMPORTANT

To keep your filing status active and avoid administrative dissolution, you must:

1. **File an Initial Report** within 120 days of the date your corporation or limited liability company (LLC) was filed. The date of filing is stated on your certificate. Please go online to file your initial report at [www.sos.wa.gov/ccfs](http://www.sos.wa.gov/ccfs).
2. **File an Annual Report** each year before the anniversary of the filing date for the entity. The registered agent will be sent notice of the Annual Report requirement. It is the corporation or LLC's responsibility to file the report on time even if no notice is received.
3. **Maintain a Registered Agent** and registered office in this state. You must file a statement of change or designation of registered agent if there are any changes in your registered agent, agent's address, or registered office address. Failure to file changes with the Corporations Division will result in misrouted mail, and possibly lead to administrative dissolution.

DESTRY WITT  
1220 MAIN ST FOURTH FLOOR  
VANCOUVER, WA 98660-2953

If you have questions please contact our office at: [corps@sos.wa.gov](mailto:corps@sos.wa.gov), 360-725-0377, or visit our website [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps).



Office of the Secretary of State  
Corporations & Charities Division

Filed  
Secretary of State  
State of Washington  
Date Filed: 11/07/2019  
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UBI #: 604 535 899

## CERTIFICATE OF FORMATION

### UBI NUMBER

UBI Number:  
604 535 899

### BUSINESS NAME

Business Name  
RELIANCE SENIOR HOUSING FUND LLC

### REGISTERED AGENT

Registered Agent Name	Street Address	Mailing Address
DESTRY WITT	1220 MAIN ST, FOURTH FLOOR, VANCOUVER, WA, 98660-2953, UNITED STATES	

### REGISTERED AGENT CONSENT

Customer provided Registered Agent consent? - Yes

### DURATION

Duration:  
PERPETUAL

### EFFECTIVE DATE

Effective Date:  
11/07/2019

### OTHER PROVISIONS

Other Provisions:

### PRINCIPAL OFFICE

Phone:  
360-721-2170

Email:

**DWITT@RELIANCEINVESTING.COM**

Street Address:

**1220 MAIN ST, FOURTH FLOOR, VANCOUVER, WA, 98660-2953, UNITED STATES**

Mailing Address:

**1220 MAIN ST, FOURTH FLOOR, VANCOUVER, WA, 98660-2953, UNITED STATES**

## EXECUTOR

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Title	Executor Type	Entity Name	First Name	Last Name	Address
EXECUTOR ENTITY		RELIANCE SENIOR HOUSING FUND	DESTRY	WITT	1220 MAIN ST, FOURTH FLOOR, VANCOUVER, WA, 98660-2953, UNITED STATES

## RETURN ADDRESS FOR THIS FILING

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Attention:

**DESTRY WITT**

Email:

**DWITT@RELIANCEINVESTING.COM**

Address:

**1220 MAIN ST, FOURTH FLOOR, VANCOUVER, WA, 98660-2953, UNITED STATES**

## UPLOAD ADDITIONAL DOCUMENTS

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Name	Document Type
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No Value Found.

## UPLOADED DOCUMENTS

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Document Type	Source	Created By	Created Date
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No Value Found.

## EMAIL OPT-IN

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I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

## AUTHORIZED PERSON - STAFF CONSOLE

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Document is signed.

Person Type:

**INDIVIDUAL**

First Name:

**DESTRY**

Last Name:

**WITT**

Title:

**MANAGING MEMBER**