



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JUN -2 AM 8:06

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Weiser Helping Hands LLC

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

895 West 5th Weiser, ID 83672

(Street Address)

P.O. Box 323 Weiser, ID 83672

(Mailing Address, if different than street address)

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

Rachel A Holsbeck

(Name)

895 West 5th Weiser, ID 83672

(Street Address)

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

Name

Address

Rachel A. Holsbeck

P.O. Box 323 Weiser, ID 83672

Deloris Freer

P.O. Box 183 Weiser, ID 83672

Cathy Charters

1166 Indianhead Road Weiser, ID 83672

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

P.O. Box 323 Weiser, ID 83672

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Rachel A Holsbeck

Typed Name: Rachel A Holsbeck

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

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06/02/2010 05:00  
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