

State of Idaho

Office of the Secretary of State

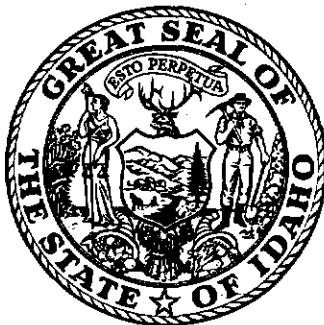
**CERTIFICATE OF AUTHORITY
OF
ASSISTING HANDS HOME CARE, LLC**

File Number W 102598

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Uniform Limited Liability Act, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: April 19, 2011



Ben Yursa

SECRETARY OF STATE

By

Jinda Corbus



APPLICATION FOR CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 APR 19 AM 8:13

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ASSISTING HANDS HOME CARE, LLC

2. If the name of the limited liability company is not permissible or is not available in Idaho, the name the foreign limited liability company will use in Idaho is:

3. The jurisdiction under whose laws the limited liability company is formed is: Arizona

4. The name and complete street address of the registered agent in Idaho is:

Lane Kofoed 5700 E Franklin Road, Suite #105 Nampa, Idaho 83687

5. The street and mailing address of the limited liability company's principal office is:

5700 E Franklin Road, Suite #105 Nampa, Idaho 83687

Street Address

Mailing Address, if different

6. The street and mailing address of the limited liability company's office in the jurisdiction under whose laws it is organized is:

1715 W. Northern Ave. Suite.114 Phoenix, AZ 85021

Street Address

Mailing Address, if different

7. The name and mailing address of at least one member or manager:

Lane Kofoed 5700 E Franklin Rd Suite 105 Nampa ID 83687

8. The mailing address for future correspondence:

5700 E Franklin Road, Suite #105 Nampa, Idaho 83687

9. Signature of a manager, member or authorized person.

Signature

LANE KOFOED

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE
04/19/2011 05:00
CK: 6198 CT: 190644 BH: 1269875
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W102598

STATE OF ARIZONA



Office of the
CORPORATION COMMISSION
CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Ernest G. Johnson, Executive Director of the Arizona Corporation Commission, do hereby certify that

*****ASSISTING HANDS HOME CARE, LLC*****

a domestic limited liability company organized under the laws of the State of Arizona, did organize on the 9th day of March 2006.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said limited liability company is not administratively dissolved for failure to comply with the provisions of A.R.S. section 29-801 et seq., the Arizona Limited Liability Company Act; and that the said limited liability company has not filed Articles of Termination as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 13th Day of April, 2011, A. D.



E. G. Johnson
Executive Director

By: _____ 597843