



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 APR 22 AM 8:46

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ihelp LLC

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

1224 Trail Crest Rd. Twin Falls ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

Andrew J Keegan

(Name)

1224 Trail Crest Rd. Twin Falls ID 83301

(Street Address)

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

Name

Address

Andrew J Keegan

1224 Trail Crest Rd. Twin Falls ID 83301

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

1224 Trail Crest Rd. Twin Falls ID 83301

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

Signature of a manager, member or authorized person.

Secretary of State use only

Signature

Typed Name: Andrew J Keegan

Signature

Typed Name: _____

IDAHO SECRETARY OF STATE

04/22/2015 05:00

CK:818 CT:230188 BH:1472134

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