

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 NOV 28 AM 9:07

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Helpers Estate Liquidators **LLC**

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

888 S Shilling Blackfoot, ID 83221

(Street Address)

(Mailing Address, if different than street address)

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

Kenneth R Condon

(Name)

888 S Shilling Blackfoot, ID 83221

(Street Address)

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

NameAddress

Kenneth R Condon

888 S Shilling Blackfoot, ID 83221

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

888 S Shilling Blackfoot, ID 83221

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Kenneth R Condon

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/28/2011 05:00
CX: 73782 CT: 264458 DH: 1299421
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W108613