



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 MAY -1 AM 8:54
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Housekeeping Solutions, LLC

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

11476 W. Cumberland River Dr., Nampa, ID 83686

(Street Address)

(Mailing Address, if different than street address)

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

Vija A. Baker

(Name)

11476 W. Cumberland River Dr., Nampa, ID 83686

(Street Address)

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

Name

Address

Vija A. Baker

11476 W. Cumberland River Dr., Nampa, ID 83686

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

11476 W. Cumberland River Dr., Nampa, ID 83686

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

Signature of a manager, member or authorized person.

Signature Vija A. Baker

Typed Name: Vija A. Baker

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/01/2013 05:00
CK: 7044 CT: 111703 BH: 1371967
1 @ 100.00 = 100.00 ORGAN LLC # 2

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