

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED

(Instructions on back of application)

2015 JAN 30 PM 12: 07

	(Instructions on back	or application	
1.	The name of the limited liability company is:  Extra Hands LLC  SECRETARY OF STATE OF IDAHO		
2.	The complete street and mailing addresses of the initial designated office: 3687 N. Frontier Way, Boise, Id 83713		
	(Street Address)		11 · 1
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Tim Anderson	3687 N. Frontier Way Boise, Id 83713	
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	Name	Address	
	Tim Anderson	nderson 3687 N. Frontier Way Boise, ld 83713	
	<del></del>		
5.	Mailing address for future correspondence (annual report notices): 3687 N Frontier Way, Boise, ld 83713		
6.	Future effective date of filing (option	al): Feb. 1, 20	15
_	nature of a manager, member or son.	authorized	
•	-1.00	. [	Secretary of State use only IDAHO SECRETARY OF STATE
_	nature Tim Andorson		01/30/2015 05:00
Тур	ped Name: Tim Anderson		CK:2535564 CT:172099 BH:145954 16 100.00 = 180.00 ORGAN LLC #

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Signature \_\_\_\_\_

Typed Name: