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CERTIFICATE OF ORC LIMITED LIABILITY (Instructions on back of a)	COMPANY 2009 JAN 20 AM 9: 20				
	SECHEIARY OF STATE				
1. The name of the limited liability company					
My Daughters Helping Hands, LLC					
2. The complete street and mailing addresses of the initial designated/principal office: 405 E Center Street Sugar City, ID_83448					
(Street Address) PO Box 212 Sugar City, ID 83448					
(Mailing Address, if different than street address)					
3. The name and complete street address of the registered agent:					
Debbie Davenport	405 E Center Street				
(Name) (Str	reet Address)				
4. The name and address of at least one member or manager of the limited liability					
Debbie Davenport	405 E Center Street Sugar City, ID 83448				
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	<i>*</i>				
5. Mailing address for future correspondent PO Box 212 S	ce (annual report notices): Sugar City, ID 83448				
6. Future effective date of filing (optional):					
Signature of organizer(s). (An organizer is a mem	nher or is				
acting in behalf of a member or members).					
	Secretary of State use only				
Signature <u>Debbie Davenport</u>					
Typed Name: Debbie Davenport					
	IMANO SECRETARY OF STATE				
Signature	95 01/20/2009 05:00 K: 30% CT: 23236 BH: 1152911				
Typed Name:	9% 01/20/2009 05 : 00				
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