



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

Angels Outreach Home Services LLC

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

417 Main St. Juliaetta Id. 83535

(Street Address)

(Mailing Address, if different than street address)

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

Carolyn Feucht

(Name)

417 Main St. Juliaetta Id 83535

(Street Address)

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

Name

Address

Carolyn Swan-Feucht

417 Main St Juliaetta Id. 83535

Michael Feucht

417 Main St. Juliaetta Id, 83535

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

417 Main St. Juliaetta Id 83535

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Carolyn Swan-Feucht

Signature

Typed Name: Michael Feucht

Secretary of State use only

IDAHO SECRETARY OF STATE
04/10/2012 05:00
CK: 2918 CT: 83691 MH: 1319843
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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