FILED EFFECTIVE



from: , bethany benson fax: 800-388-0330

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2012 MAR 27 PM 2: 10

(Instructions on back of application)

SECRETARY UP STATE STATE OF TOAHO

| 1. | The name of the limited liability comp | pany is: |
|--------|---|--|
| | Н | opingHand LLC |
| 2. | The complete street and mailing addr | esses of the initial designated/principal office: |
| | | le Way Nampa, ID 83686 |
| | (Street Address) | |
| | (Mailing Address, if different than street address) | |
| 3. | The name and complete street address of the registered agent: | |
| | Registered-Agents, Inc | 105 S. 6th St. Ste A Coeur D. Alene, ID 83814 (Street Address) |
| | the name and address of at least one company: Name Jeff Myers | Address 732 Parkside Way Nampa, ID 83686 |
| | | |
| 5. M | lailing address for future corresponde 732 Parkside | ence (annual report notices): • Way Nampa, ID 83686 |
| 6. F | uture effective date of filing (optional) | |
| | ture of organizer(s). (An organizer is a me in behalf of a member or members). | · |
| Signat | ture Otthony Rawson | Secretary of State use only |
| | Name: Bethany Benson | the state of the s |
| Typed | Name: | 12 % |

1 9 100.00 = 100.00 ORSAN LLC # 2

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