



# CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2013 MAY -9 AM 9: 08

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the professional limited liability company is:

Helping HAND for Healthcare PLLC

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

1548 Lenz Lane Boise  
(Street Address)

(Mailing Address, if different than street address)

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

Suzee Zimmerman  
(Name)

1548 Lenz Lane Boise  
(Street Address)

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

Name	Address
<u>Suzee Zimmerman</u>	<u>1548 Lenz Lane Boise 83712</u>
_____	_____
_____	_____
_____	_____

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

1548 Lenz Lane Boise 83712

6. Future effective date of filing (optional): \_\_\_\_\_

7. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is: Registered Nurse (NURSING)

Signature of a manager, member or authorized person.

Secretary of State use only

Signature: [Handwritten Signature]  
Typed Name: Suzee Zimmerman

Signature: \_\_\_\_\_  
Typed Name: \_\_\_\_\_

IDAHO SECRETARY OF STATE  
05/09/2013 05:00  
CK: 1066 CT: 202951 BH: 1373113  
1 @ 100.00 = 100.00 PROF LLC # 2

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