Articles of Organization - Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilingInOregon.com - Phone: (503) 986-2200

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OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 1287455-93

In accordance with Oregon Revised Statute 192.410-192.490, all information on this form is publicly available, including addresses. We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1) NAME OF LIMITED LIABILITY COMPANY: (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.")

A Helping Hammer, LLC

2) DURATION: (Please check one.)

☐ Latest date upon which the Limited Liability Company is to dissolve is _____

☑ Duration shall be perpetual.

3) REGISTERED AGENT: (Individual or entity that will accept legal service for this business)

Larry Didier

4) REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS: (Must be an Oregon Street Address, which is identical to the registered agent's business office.)

207 NE Tillamook St.
Portland, Oregon 97212

5) ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

207 NE Tillamook St.
Portland, Oregon 97212

6) NAME AND ADDRESS OF EACH PERSON WHO IS FORMING THIS BUSINESS: (ORGANIZER)

LegalZoom.com, Inc.
101 N. Brand Blvd., 11th Floor
Glendale, CA 91203

7) HOW WILL THIS LIMITED LIABILITY COMPANY BE MANAGED?

☑ This LLC will be member-managed by one or more members.

☐ This LLC will be manager-managed by one or more managers.

8) IF RENDERING A LICENSED PROFESSIONAL SERVICE OR SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED:

9) OPTIONAL PROVISIONS: (Attach a separate sheet if necessary.) ☐

INDEMNIFICATION: ☑ The company elects to indemnify its members, managers, employees, agents for liability and related expenses under ORS 63.160.

(OPTIONAL) LIST MEMBERS AND/OR MANAGERS NAMES AND ADDRESSES

10) OWNERS: (MEMBERS) (Names and Street address)

11) MANAGERS: (MANAGERS) (Names and Street address)

12) EXECUTION/SIGNATURE OF EACH PERSON WHO IS FORMING THIS BUSINESS: (Organizer) (The title for each signer must be "Organizer.")
By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature:	Printed Name:	Title:
	Cheyenne Moseley, Assistant Secretary, LegalZoom.com, Inc.	Organizer
		Organizer
		Organizer

CONTACT NAME: (To resolve questions with this filing.)

Cheyenne Moseley

PHONE NUMBER: (Include area code.)

(323) 962-8600, ext. 7625

FEES

A HELPING HAMMER, LLC

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o "Corporation Division."

Name Search program.

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