| No. W 166363 | | Due no later than May 31, 2017 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---------------|---|-------------------|--|-------|---------|-------------|
| Return to: | | Annual Report Form | | MARIE BEAM 18075 N HIGHFIELD WAY BOISE ID 83714 3. New Registered Agent Signature:* | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. HELPING HANDS INSURANCE, LLC MARIE BEAM 18075 N HIGHFIELD WAY BOISE ID 83714 | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Limited Liability Compan | ies: Enter Na | mes and Addresses of at least one Me | ember or Manager. | | | | |
| Office Held | Name | Street or F | O Address | City | State | Country | Postal Code |
| MEMBER MICHAEL BE | | AM 18075 N H | GHFIELD WAY | BOISE | ID | USA | 83714 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID | | Signature: Marie Beam | | Date: 03/19/2017 | | | |
| W 166363 | | Name (type or print): Marie Beam | | Title: Owner | | | |
| Processed 03/19/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | |