No. W 125144		Du	2. Registered	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		N 200 200 200 200 200 200 200 200 200 20	SUZEE ZIMMERMAN			
SECRETARY OF STATE		1. Mailing Address: Correct in this box if needed.		W. W. S.	1548 LENZ LN BOISE ID 83712-8318			
700 WEST JEFFERS PO BOX 83720 BOISE, ID 83720-00		HELPING HAND FOR HEALTHCARE PLLC SUZEE/SUZANNE ZIMMERMAN 1548 LENZ LANE		BOISE ID	BOISE ID 63712-6316			
		BOISE ID 83712-8318 USA		3. New Regist	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Com	panies: Enter Na	mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	SUZEE ZIMN	MERMAN	1548 LENZ LANE	BOISE	ID	USA	83712-2831	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Sl		Date: 03/23/2017				
W 125144		Name (type o		Title: agent				
Processed 03/23/2017	_	* Electronically provided signatures are accepted as original signatures.						