

No. **W 10164****Due no later than November 30, 2005**
Annual Report Form2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080**1. Mailing Address - Correct in this box, if applicable**PCS HELPING HANDS, LLC
1308 E CENTER
POCATELLO, ID 83201KARLA JENSEN
RR 2 BOX 24A-5
POCATELLO, ID 83202**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Administrator	Karla Jensen	Rt 2 Box 24A-5	Pocatello	ID	83202
Director of Nursing	Chyleen Tucker	565 Cree	Pocatello	ID	83204

5. Organized Under the Laws of:

IDAHO
W 10164

6.

Signature

Karla Jensen

Date

9-8-05

Name (Typed or Printed)

Karla Jensen

Title

Administrator

Issued 09/01/2005

Do Not Tape or Staple

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