No. **W 32721**	**Due no later than Aug 31, 2009** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** HELPING HAND FAMILY SERVICES, LLC 1131 FOUR MILE RD VIOLA ID 83872	MELISSA WEITZ 1131 FOUR MILE RD VIOLA ID 83872 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	MELISSA D WEITZ	1131 FOUR MILE RD	VIOLA	ID	USA	83872

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 32721**	Signature: Melissa Weitz	Date: 08/24/2009
	Name (type or print): Melissa Weitz	Title: Owner/President

Processed 08/24/2009

* Electronically provided signatures are accepted as original signatures.