

<b>No. W 10164</b>	<b>Due no later than Nov 30, 2002</b> <b>Annual Report Form</b>	<b>2. Registered Agent and Office NO PO BOX</b>  KARLA JENSEN RR 2 BOX 24A-5  POCATELLO, ID 83202																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	<b>1. Mailing Address - Correct in this box, if applicable</b>  PCS HELPING HANDS, LLC  1308 E CENTER  POCATELLO, ID 83201	<b>3. New Registered Agent Signature</b>   																		
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers.</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 30%;"><u>Office held</u></th> <th style="text-align: left; width: 30%;"><u>Name</u></th> <th style="text-align: left; width: 20%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 10%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Administrator</td> <td>Karla Jensen</td> <td>Rt 2 Box 24A-5</td> <td>Pocatello</td> <td>ID</td> <td>83302</td> </tr> <tr> <td>Director of Nursing</td> <td>Chyleen Tucker</td> <td>565 Cree</td> <td>Pocatello</td> <td>ID</td> <td>83204</td> </tr> </tbody> </table>			<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	83302	Director of Nursing	Chyleen Tucker	565 Cree	Pocatello	ID	83204
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Director of Nursing	Chyleen Tucker	565 Cree	Pocatello	ID	83204															
<b>5. Organized Under the Laws of:</b>  IDAHO W 10164	<b>6.</b> Signature <u>Karla Jensen</u> Date <u>11-26-02</u> Name (Typed or Printed) <u>Karla Jensen</u> Title <u>Owner</u>																			