No. C 183113	Due no later than May 31, 2016 Annual Report Form 2. Registered Agent and Office (NOT A P.O. BOX) EBEREGBULAM AMAECHI	
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. HANDS FOR INDEPENDENCE INC. EBEREGBULAM U AMAECHI 3132 S CANYON ST NAMPA ID 83686	3132 S CANYON ST NAMPA ID 83686
NO FILING FEE IF RECEIVED BY DUE DATE		3. <u>New</u> Registered Agent Signature.
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. Office Held Name Street or PO Address City State Country Postal Code Resident Previous upalpycen Vice President Dorrn Welkaszi e Tresor/Securenty Athena Zadazilan Director Elserg Specian Amazolin Director Elserg Specian Amazolin		
5. Organized Under the La IDAHO C 183113	ws of: Signature: Name (type or print): Elseces bulan Augusta	Date: 4/12/16 Title:
Issued 04/12/2016 by JL1	· · · · · · · · · · · · · · · · · · ·	102718

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the