No. **W 58169**	**Due no later than Jan 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 HANDS TO RECOVERY LLC MARC E CHAVEZ 4281 W LENNOX LOOP COEUR D'ALENE ID 83815 USA	CAMMIE CHAVEZ 4281 W LENNOX LOOP COEUR D'ALENE ID 83815 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	CAMMIE CHAVEZ	4281 W LENNOX LOOP	COEUR D'ALENE	ID	USA	83815
MEMBER	MARC CHAVEZ	4281 W LENNOX LOOP	COEUR D'ALENE	ID	USA	83815

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 58169**	Signature: Cammie Chavez	Date: 01/31/2009
	Name (type or print): Cammie Chavez	Title: Member

Processed 01/31/2009

* Electronically provided signatures are accepted as original signatures.