No. W 66186		Due no later than Aug 31, 2008 Annual Report Form		2. Registered Agent and Address (NO PO BOX) MARK N DAHLE 112 SHOSHONE SE E STE 6 TWIN FALLS ID 83301 3. New Registered Agent Signature:*											
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 n													
		ASSISTING HANDS HOME CARE - TWIN FALLS, LLC MARK DAHLE 112 SHOSHONE SE E STE 6 TWIN FALLS ID 83301 USA													
								Limited Liability C	ompanies: Enter Nar	nes and Addresses of at least one Member or Mana	ger.				
								Office Held	Name	Street or PO Address		City	State	Country	Postal Code
MEMBER MEMBER	Mark Dahli Three amig		E #4	TWIN FALLS FRUITLAND	ID ID	USA USA	83301 83619								
5. Organized Under the Laws of:		6. Annual Report must be signed.*													
ID		Signature: Mark Dahle		Date: 09/10/2008											
W 66186		Name (type or print): Mark Dahle		Title: Member											
Processed 09/10/20	08	* Electronically provided signatures are accepted as	original sign	natures.											