

No. W 125144		Due no later than May 31, 2015 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		1. Mailing Address: Correct in this box if needed. HELPING HAND FOR HEALTHCARE PLLC SUZEE ZIMMERMAN 1548 LENZ LN BOISE ID 83712		SUZEE ZIMMERMAN 1548 LENZ LN BOISE 83712			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name SUZEE ZIMMERMAN	Street or PO Address 1548 LENZ LANE		City BOISE	State ID	Country USA	Postal Code 83712
5. Organized Under the Laws of: ID W 125144		6. Annual Report must be signed.* Signature: SUZEE ZIMMERMAN Name (type or print): SUZEE ZIMMERMAN Date: 03/22/2015 Title: owner					
Processed 03/22/2015 * Electronically provided signatures are accepted as original signatures.							