

No. W 49061		Due no later than Mar 31, 2013		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. ASSISTING HANDS HOME CARE - BOISE, LLC CLINE WADDELL 5700 E FRANKLIN RD STE 105 NAMPA ID 83687 USA		CLINE WADDELL 5125 HWY 95 FRUITLAND ID 83619			
				3. <u>New</u> 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	CLINE WADDELL	51425 HWY 95	FRUITLAND	ID	USA	83619	
MEMBER	JON DAHLE	3881 ISLAND RD	ONTARIO	OR	USA	97914	
MEMBER	ERIC DAHLE	2443 E FIRST STREET	FRUITLAND	ID	USA	83619	
5. Organized Under the Laws of: ID W 49061		6. Annual Report must be signed.* Signature: Cline Waddell Name (type or print): Cline Waddell Date: 01/21/2013 Title: Member/manager					
Processed 01/21/2013		* Electronically provided signatures are accepted as original signatures.					