

No. <b>W 66186</b>		<b>Due no later than Aug 31, 2011</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		MARK N DAHLE 488 BLUE LAKES BLVD. N 103 TWIN FALLS ID 83301			
		<b>1. Mailing Address: Correct in this box if needed.</b> ASSISTING HANDS HOME CARE - TWIN FALLS, LLC MARK DAHLE 488 BLUE LAKES BLVD. N 103 TWIN FALLS ID 83301 USA		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	MARK DAHLE	2006 N JOHNSON ST.	JEROME	ID	USA	83338	
MEMBER	THREE AMIGOS	2443 E 1ST ST	FRUITLAND	ID	USA	83619	
5. Organized Under the Laws of:  <b>ID W 66186</b>		6. Annual Report must be signed.* Signature: Mark Dahle Name (type or print): Mark Dahle					
Date: 09/08/2011 Title: Member							
Processed 09/08/2011		* Electronically provided signatures are accepted as original signatures.					