No. <b>W 76954</b>		Due no later than Aug 31, 2009		2.	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  HEALING HANDS LLC  MARIKA ANDERSON  77 SOUTH 1ST EAST  REXBURG ID 83440		ed.	MARIKA ANDERSON 77 SOUTH 1ST EAST REXBURG ID 83440  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE			of at least are Manthey at Manager					
Office Held	nies: Enter Nai Name	mes and Addresses	of at least one Member or Manager.  Street or PO Address	_	ity	State	Country	Postal Code
MEMBER	MARIKA ANI	DERSON	77 SOUTH 1ST EAST		EXBURG	ID	USA	83440
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 76954		Signature: Marika Anderson			Date: 09/09/2009			
		Name (type or print): Marika Anderson			Title: Member			
Processed 09/09/2009 * Electronically provided signatures are accepted as original signatures.								