

No. W 128477	Due no later than Aug 31, 2017 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. HAND MAID GOODNESS L.L.C. CASSANDRA C SMITH 915 S. KAREY LN. IDAHO FALLS ID 83402		CASSANDRA C SMITH 915 S. KAREY LN. IDAHO FALLS ID 83402-8340			
			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
MANAGER	CASSAND C SMITH	915 S. KAREY LN.	IDAHO FALLS	ID	USA	83402
5. Organized Under the Laws of: ID W 128477	6. Annual Report must be signed.* Signature: Cassandra C. Smith Name (type or print): Cassandra C. Smith		Date: 08/27/2017 Title: Manager			
Processed 08/27/2017		* Electronically provided signatures are accepted as original signatures.				