No. **W 102598**	**Due no later than Apr 30, 2016** **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.** ASSISTING HANDS HOME CARE, LLC LANE KOFOED 5700 E FRANKLIN RD STE 105 NAMPA ID 83687	LANE KOFOED 5700 E FRANKLIN RD STE 105 NAMPA ID 83687 3. New 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	5125 HWY 95	FRUITLAND	ID	USA	83619

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
AZ **W 102598**	Signature: Lane Kofoed	Date: 02/23/2016
	Name (type or print): Lane Kofoed	Title: CEO

Processed 02/23/2016

* Electronically provided signatures are accepted as original signatures.