No. <b>W 125144</b>		Due no later than May 31, 2018		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			SUZEE ZIMMERMAN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  HELPING HAND FOR HEALTHCARE PLLC SUZEE/SUZANNE ZIMMERMAN 1548 LENZ LANE BOISE ID 83712-8318		BOISE ID	1548 LENZ LN BOISE ID 83712-8318  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
2000 Particular Section Control Contro		mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	SUZEE ZIMN	1ERMAN	1548 LENZ LANE	BOISE	ID	USA	83712-2831	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 125144		Signature: su		Date:	Date: 03/27/2018			
		Name (type or print): su		Title:	Title: owner			
Processed 03/27/2018 * Electronically provided signatures are accepted as original signatures.								