No. W 49061	Due no later than March 31, 2007 **Annual Report Form**	2. Registered Agent and Office 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 applicable ASSISTING HANDS HOME CARE - BOISE, CLINE WADDELL 5700 E FRANKLIN RD NAMPA, ID 83687	CLINE WADDELL 5125 HWY 95 FRUITLAND, ID 83619 3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office held	Name	Street or P.O. Address	City	State	Zip
MEMBER	CLINE WADDELL	5125 Hwy 95	FRUITLAND	ID	83619
MEMBER	ERIC DAHLE	2443 E 1st STREET	FRUITLAND	ID	83619
MEMBER	JON DAHLE	3881 E ISLAND DR	ONTARIO	OR	9713

5. Organized Under the Laws of:
IDAHO
W 49061

6.
Signature Cline Waddell Date 1/5/07
Name (Typed or Printed) CLINE WADDELL Title MEMBER

Issued 01/02/2007

Do Not Tape or Staple

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