

No. C 189946		Due no later than Feb 28, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. HELPING HANDS FOR SINGLE MOMS INC. TAREN BURKE 1348 17TH ST IDAHO FALLS ID 83404-6270 USA		TERRY L BURKE 2915 CAROLYN LN AMMON ID 83406			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	TAREN BURKE	1348 17TH ST	IDAHO FALLS	ID	USA	83404-6270	
DIRECTOR	TRACIE BURKE	1348 17TH ST	IDAHO FALLS	ID	USA	83404-6270	
DIRECTOR	DELORES BURKE	1348 17TH ST	IDAHO FALLS	ID	USA	83404-6270	
5. Organized Under the Laws of: ID C 189946		6. Annual Report must be signed.* Signature: Taren Burke Name (type or print): Taren Burke Date: 12/16/2013 Title: Pres.					
Processed 12/16/2013		* Electronically provided signatures are accepted as original signatures.					