

No. <b>W 49061</b>	<b>Due no later than Mar 31, 2011</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>		CLINE WADDELL 5125 HWY 95 FRUITLAND ID 83619			
	ASSISTING HANDS HOME CARE - BOISE, LLC CLINE WADDELL 5700 E FRANKLIN RD STE 105 NAMPA ID 83687		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
MEMBER	CLINE WADDELL	5125 HWY 95	FRUITLAND	ID	USA	83619
MEMBER	JON DAHLE	3881 ISLAND RD	ONTARIO	OR	USA	97914
MEMBER	ERIC DAHLE	2443 E FIRST STREET	FRUITLAND	ID	USA	83619
5. Organized Under the Laws of:  <b>ID</b> <b>W 49061</b>	6. Annual Report must be signed.*					
		Signature: Cline Waddell	Date: 01/14/2011			
		Name (type or print): Cline Waddell	Title: Member/Manager			
Processed 01/14/2011		* Electronically provided signatures are accepted as original signatures.				