

No. W 102598	Due no later than Apr 30, 2013 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	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				
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature:*				
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name CLINE WADDELL	Street or PO Address 5125 HWY 95	City FRUITLAND	State ID	Country USA	Postal Code 83619	
5. Organized Under the Laws of: AZ W 102598	6. Annual Report must be signed.* Signature: Cline Waddell Name (type or print): Cline Waddell						Date: 02/25/2013 Title: Cfo
Processed 02/25/2013	* Electronically provided signatures are accepted as original signatures.						