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| No. C 189946 | Due no later than Feb 28, 2017 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 NO FILING FEE IF RECEIVED BY DUE DATE | 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 1348 E. 17 TH ST. IDAHO FALLS ID 83404-6270 | | | |
| | | | 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: 12/23/2016 Title: Pres. | | | |
| Processed 12/23/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | |