No. W 10164	Due no later than Nov 30, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		KARLA JENSEN RT 2 BOX 29 POCATELLO ID 83202 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. PCS HELPING HANDS, LLC KARLA H. JENSEN 1308 E CENTER POCATELLO ID 83201 USA					
NO FILING FEE IF RECEIVED BY DUE DATE						
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
MANAGER KARLA JENS LLC	EN PCS HELPING HANDS,	1308 EAST CENTER	POCATELLO	ID	USA	83201-4702
Organized Under the Laws of: 6. Annual Report must be signed.*						
ID	Signature: Karla Jensen		Date: 09/24/2013			
W 10164	Name (type or print): Karla Jensen		Title: Administrator			
Processed 09/24/2013	* Electronically provided signatures are accepted as original signatures.					