

No. W 120970	Due no later than Jan 31, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) SHAWN BALDWIN 4312 N WELLSRING AVE BOISE ID 83713
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. HANDS ON EDUCATION, LLC 4312 N WELLSRING AVE BOISE ID 83713		3. <u>New</u> Registered Agent Signature.

4. **Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.**

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Shawn Baldwin		Boise	ID	USA	83713
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Christopher Cabrera		Boise	ID	USA	83713
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>						
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO W 120970</div>	6. Signature: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Name (type or print): <u>Shawn Baldwin</u> </div> <div> Date: <u>1/21/14</u> Title: _____ </div> </div>
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