No. W 68779	Due no later than Nov 30, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		ANNA MARIA TRAINER			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. HELPFUL SOLUTIONS, LLC ANNA MARIA TRAINER 3695 SCOTCH PINE LN UNIT 2 COEUR D'ALENE ID 83815 USA		3695 SCOTCH PINE LN UNIT 2 COEUR D'ALENE ID 83815			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080						
			3. New Registered Agent Signature:*			
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 ANNA MARI	A TRAINER	PO BOX 101	COEUR D'ALENE	ID	USA	83814
5. Organized Under the Laws of: 6. Annual Report must be signed.*						
ID	Signature: Anna Maria Trainer		Date: 12/05/2013			
W 68779	Name (type or print): Anna Maria Trainer		Title: Manager			
Processed 12/05/2013	* Electronically provided signatures are accepted as original signatures.					