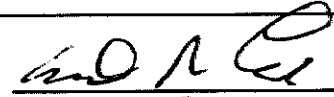
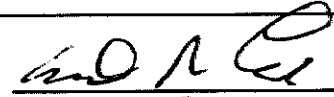
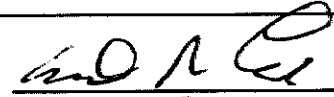


No. W 3319	Annual Report Form 1999 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1 Mailing Address - Please Correct, If Not Correct BETTER HEALTH, LLC PO BOX 526 EAGLE ID 83616		WOODROW DUNLAP 550 MILNER BURLEY ID 83318 3. Organized Under the Laws of: ID W 3319																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☒ Members (check one)																						
<table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td></td> <td>B/O. ASSET HOLDINGS</td> <td>RR#2 Box 240</td> <td>SALMON</td> <td>ID</td> <td>83647</td> </tr> <tr> <td></td> <td>SHARNA CALLAHAN</td> <td>104 E. FAIRVIEW</td> <td>METATEL</td> <td>TX</td> <td>83642</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip		B/O. ASSET HOLDINGS	RR#2 Box 240	SALMON	ID	83647		SHARNA CALLAHAN	104 E. FAIRVIEW	METATEL	TX	83642
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5. Signature of New Registered Agent		6. <table border="1"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>11/19/99</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>DANIEL R EDWARDS</td> <td>Title</td> <td>MANAGER CONTROLLER</td> </tr> </table>			Signature		Date	11/19/99	Name (Typed or Printed)	DANIEL R EDWARDS	Title	MANAGER CONTROLLER										
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ISSUED: 07-03-1999

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