

No. C 195283		Due no later than Jul 31, 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. A BETTER WAY HEALTH MANAGEMENT INC. KARA L. CRAIG 12400 W OVERLAND RD SUITE 100 BOISE ID 83709-0021		CELESTE SPENCER 12400 W OVERLAND RD SUITE 100 BOISE ID 83709-0021			
						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	PATRICIA TOSHOFF	12400 W. OVERLAND ROAD SUITE 100 BOISE		ID	USA	83709-0021	
DIRECTOR	CATHY JERREMS	12400 W. OVERLAND ROAD SUITE 100 BOISE		ID	USA	83709-0021	
TREASURER	MARIE C SPENCER	12400 W. OVERLAND ROAD SUITE 100 BOISE		ID	USA	83709-0021	
SECRETARY	KATHY WILLIAMSON	12400 W. OVERLAND ROAD SUITE 100 BOISE		ID	USA	83709-0021	
PRESIDENT	KARA L. CRAIG	12400 W. OVERLAND ROAD SUITE 100 BOISE		ID	USA	83709-0021	
5. Organized Under the Laws of: ID C 195283		6. Annual Report must be signed.* Signature: Kara L. Craig Name (type or print): Kara L. Craig					
		Date: 05/17/2017 Title: President					
Processed 05/17/2017		* Electronically provided signatures are accepted as original signatures.					