No. W 29375		Due no later than Mar 31, 2010	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	LINDA SHARP LCSW			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.	427 N 4TH AVE			
		BETTER OUTLOOK FAMILY RESOURCE CENTER, LLC ANGELA BLOM 427 N 4TH AVE	POCATELLO ID 83201 3. New Registered Agent Signature:*			
		POCATELLO ID 83201				
NO FILING FEE IF RECEIVED BY DUE DATE		USA				
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 ANGELA BLC		M 127 WILLOW DR	BLACKFOOT	ID	USA	83221
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID W 29375		Signature: Angela Blom	Date: 01/13/2010			
		Name (type or print): Angela Blom	Title: Manager/Member			
Processed 01/13/2010 * Electronically provided signatures are accepted as original signatures.						