

No. W 84748	Due no later than Jun 30, 2015 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.		KATIE MONTES 745 W BRIDGE ST. SUITE A BLACKFOOT ID 83221			
	A BETTER LIFE IN HOME CARE LLC MINDY H MONTES PO BOX 1377 BLACKFOOT ID 83221		3. <u>New</u> Registered Agent Signature:*			
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
MEMBER	MINDY H MONTES	1535 VERNON AVE	BLACKFOOT	ID	USA	83221
5. Organized Under the Laws of: ID W 84748		6. Annual Report must be signed.* Signature: Mindy Montes Name (type or print): Mindy Montes		Date: 06/02/2015 Title: partner		
Processed 06/02/2015		* Electronically provided signatures are accepted as original signatures.				