

|                                                                                                                                                        |              |                                                                                                                                                   |           |                                                         |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------|---------|-------------|--|
| No. <b>W 172112</b>                                                                                                                                    |              | Due no later than Sep 30, 2017                                                                                                                    |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>      |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |              | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>BETTER THAN DRUGS LLC<br>D WADE DAVIS<br>1605 N ARTHUR AVE<br>POCATELLO ID 83204 |           | D WADE DAVIS<br>1605 N ARTHUR AVE<br>POCATELLO ID 83204 |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                                   |           | 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                                                                                                                                                 | D WADE DAVIS | 1605 N ARTHUR AVE                                                                                                                                 | POCATELLO | ID                                                      | USA     | 83204       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 172112</b>                                                                                          |              | 6. Annual Report must be signed.*<br>Signature: D WADE DAVIS<br>Name (type or print): D WADE DAVIS<br>Date: 08/09/2017<br>Title: MEMBER           |           |                                                         |         |             |  |
| Processed 08/09/2017                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                         |           |                                                         |         |             |  |