No. <b>C 94112</b>		Annual Report Form  1. Mailing Address: Correct in this box if needed.  A BETTER PERSONAL CARE, INC. PATRICIA BROOK 3115 N GOVERMENT WAY		2. Registered Agent and Address (NO PO BOX)  PATRICK BROOK 3115 N. GOVERNMENT WAY SUITE 2 COEUR D'ALENE ID 83815							
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE											
								3. <u>New</u> Registered Agent Signature:*			
				Office Held Na	me		Street or PO Address	City	State	Country	Postal Code
				DIRECTOR PAT	TRICIA A	BROOK	3115 N GOVERNMENT WAY SUITE 2	COEUR D'ALENE	ID	USA	83815-3700
5. Organized Under the Laws of:		6. Annual Report must be signed.*									
ID C 94112		Signature: Patricia Brook		Date: 11/17/2015							
		Name (type or print): Patricia Brook		Title: Director							
Processed 11/17/2015 * Electronically provided signatures are accepted as original signatures.											