

No. C 184551		Due no later than Sep 30, 2010		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. BETTERCARE, INC. FELICE LAMPERT 229 S. 7TH STREET ST MARIES ID 83861 USA		FELICE LAMPERT 229 S 7TH ST ST MARIES ID 83861		
				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	NANCY WOLFF	622 COLLEGE AVE	ST. MARIES	ID	USA	83861
DIRECTOR	PAT DAVENPORT	453 GARDEN TRACTS RD.	ST. MARIES	ID	USA	83861
DIRECTOR	MERRI JO GILMORE	108 RIVERDALE RD.	ST. MARIES	ID	USA	83861
DIRECTOR	JOHN HUGHES	140 POWELL RD.	ST. MARIES	ID	USA	83861
DIRECTOR	RICH CHRISTENSEN	907 MAIN AVE	ST. MARIES	ID	USA	83861
DIRECTOR	BRIAN MCGREGOR	105 E. COLLEGE AVE.	ST. MARIES	ID	USA	83861
DIRECTOR	DAN HAMMES	831 COLLEGE ST.	ST. MARIES	ID	USA	83861
SECRETARY	BRIAN NALL	BENEWAH COMMUNITY HOSPITAL 229 S. 7TH STREET	ST. MARIES	ID	USA	83861
TREASURER	RICHARD SCHUMACKER	802 MAIN AVE	ST. MARIES	ID	USA	83861
PRESIDENT	CAROL HUMPHREY	60 CARLEY LANE	ST MARIES	ID	USA	83861
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID C 184551		Signature: Felice Lampert		Date: 09/22/2010		
		Name (type or print): Felice Lampert		Title: Development Coordinator		
Processed 09/22/2010		* Electronically provided signatures are accepted as original signatures.				