

No. W 25717		Due no later than Aug 31, 2018		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. AAGING BETTER IN-HOME CARE, L.L.C. BRUCE E WEAVER 601 E SELTICE WAY STE 101 POST FALLS ID 83854-5336		BRUCE E WEAVER 601 E SELTICE WAY STE 101 POST FALLS ID 83854-5336	
				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	BRUCE E WEAVER	601 E SELTICE WAY STE 101	POST FALLS	ID	83854-5336
MEMBER	CHARLENE A WEAVER	601 E SELTICE WAY STE 101	POST FALLS	ID	83854-5336
5. Organized Under the Laws of: ID W 25717		6. Annual Report must be signed.* Signature: Bruce Weaver Name (type or print): Bruce Weaver Date: 06/21/2018 Title: CEO/Owner			
Processed 06/21/2018		* Electronically provided signatures are accepted as original signatures.			