

No. <b>W 25717</b>		<b>Due no later than Aug 31, 2018</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  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			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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:  <b>ID</b> <b>W 25717</b>		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.					