

No. W 123997	Due no later than Apr 30, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) ARLENE K WILLENBORG COWIN 517 S JACKSON ST MOSCOW ID 83843
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. BETTER PLACE L.L.C. (THE) ARLENE K WILLENBORG COWIN 517 S JACKSON ST MOSCOW ID 83843		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Arlene K Willenborg Cowin	517 S. JACKSON ST	MOSCOW	ID		83843
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	TED Cowin	- Same Address				
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 123997 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: Name (type or print): Arlene K. Willenborg-Cowin </td> <td style="width: 40%;"> Date: 3/30/15 Title: Manager </td> </tr> </table>	Signature: Name (type or print): Arlene K. Willenborg-Cowin	Date: 3/30/15 Title: Manager
Signature: Name (type or print): Arlene K. Willenborg-Cowin	Date: 3/30/15 Title: Manager		

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