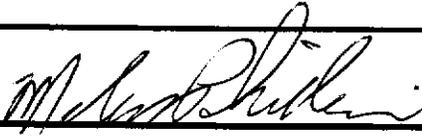


| | | | | | | |
|---|--|---|--|--|----------------|--------------------|
| No. W 84748 | Reinstatement Annual Report Form ADMIN DISSOLVED 09/07/2010 | | 2. Registered Agent and Office (NOT A P.O. BOX) MELVIN PHILLIPS 110 NORTH HWY 91 BLACKFOOT ID 83221 | | | |
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00 | 1. Mailing Address: Correct in this box if needed. A BETTER LIFE IN HOME CARE LLC 110 NORTH HWY 91 BLACKFOOT ID 83221 | | 3. <u>New</u> Registered Agent Signature. | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. | | | | | | |
| Manager/Member | Name | Street or PO Address | City | State | Country | Postal Code |
| MELVIN L. Phillips | P.O. Box 392 | BLACKFOOT ID | Bingham | 83221 | | |
| 5. Organized Under the Laws of: IDAHO W 84748 | | 6. Signature:  <hr/> Name (type or print): MELVIN L. PHILLIPS | | Date: 5 NOV 10 Title: Mgr/mbr OWNER | | |
| Issued 11/03/2010 by DK1 | | | | | | |