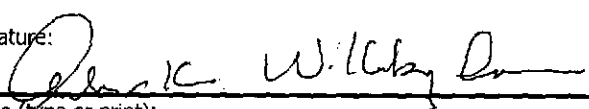
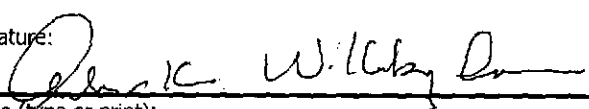
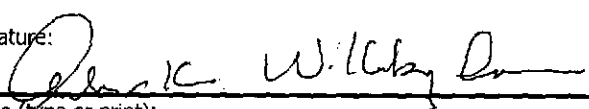


No. <b>W 123997</b>	<b>Due no later than Apr 30, 2017 Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> ARLENE K WILLENBORG COWIN 517 S JACKSON ST MOSCOW ID 83843																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> 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. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 15%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>           Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> </td> <td>Arlene K Willenborg Cowin</td> <td>517 S Jackson St</td> <td>Moscow</td> <td>ID</td> <td></td> <td>83843</td> </tr> <tr> <td>           Manager <input type="checkbox"/> Member <input type="checkbox"/> </td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>           Manager <input type="checkbox"/> Member <input type="checkbox"/> </td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>           Manager <input type="checkbox"/> Member <input type="checkbox"/> </td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				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 type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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 type="checkbox"/>																																						
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; font-weight: bold;">             IDAHO              W 123997           </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Signature:</td> <td style="width: 30%;">Date:</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: center;">2/24/17</td> </tr> <tr> <td>Name (type or print):</td> <td>Title:</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Arlene K Willenborg Cowin</td> <td style="border-bottom: 1px solid black; text-align: center;">Manager</td> </tr> </table>			Signature:	Date:		2/24/17	Name (type or print):	Title:	Arlene K Willenborg Cowin	Manager																											
Signature:	Date:																																					
	2/24/17																																					
Name (type or print):	Title:																																					
Arlene K Willenborg Cowin	Manager																																					
Issued 02/21/2017 by CLH		116917																																				