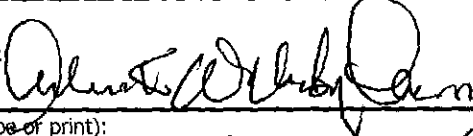
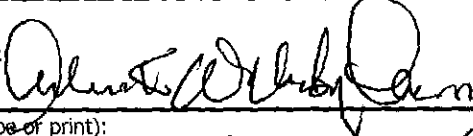
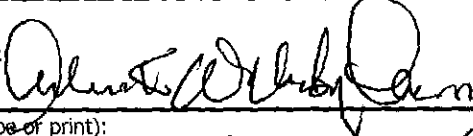


No. W 123997	Reinstatement Annual Report Form ADMIN DISSOLVED 07/28/2016		2. Registered Agent and Office (NOT A P.O. BOX) ARLENE K WILLENBORG COWIN 517 S JACKSON ST MOSCOW ID 83843
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing 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.				
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	TED Cowin	MOSCOW ID 83843				
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:  </td> <td style="width: 40%;"> Date: <u>10-4-16</u> </td> </tr> <tr> <td> Name (type or print): <u>Arlene K. Willenborg-Cowin</u> </td> <td> Title: <u>Manager</u> </td> </tr> </table>	Signature: 	Date: <u>10-4-16</u>	Name (type or print): <u>Arlene K. Willenborg-Cowin</u>	Title: <u>Manager</u>
Signature: 	Date: <u>10-4-16</u>				
Name (type or print): <u>Arlene K. Willenborg-Cowin</u>	Title: <u>Manager</u>				

Issued 09/23/2016 by TLB