

No. C 195283	Due no later than Jul 31, 2013 Annual Report Form	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. A BETTER WAY HEALTH MANAGEMENT INC. KARA L. CRAIG 12400 W OVERLAND RD SUITE 100 BOISE ID 83709-0021 USA	CELESTE SPENCER 12400 W OVERLAND RD SUITE 100 BOISE ID 83709-0021				
		3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	PATRICIA TOSHCOFF	12400 W. OVERLAND ROAD SUITE 100	BOISE	ID	USA	83709-0021
DIRECTOR	CATHY JERREMS	12400 W. OVERLAND ROAD SUITE 100	BOISE	ID	USA	83709-0021
TREASURER	MARIE C SPENCER	12400 W. OVERLAND ROAD SUITE 100	BOISE	ID	USA	83709-0021
SECRETARY	TONY M. DEVALL	12400 W. OVERLAND ROAD SUITE 100	BOISE	ID	USA	83709-0021
PRESIDENT	KARA L. CRAIG	12400 W. OVERLAND ROAD SUITE 100	BOISE	ID	USA	83709-0021
5. Organized Under the Laws of: ID C 195283	6. Annual Report must be signed.* Signature: Kara L. Craig Name (type or print): Kara L. Craig		Date: 08/07/2013 Title: President			
Processed 08/07/2013		* Electronically provided signatures are accepted as original signatures.				