

No. W 131704		Due no later than Dec 31, 2016 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		1. Mailing Address: Correct in this box if needed. A BETTER CHOICE ASSISTED LIVING AND MEMORY CARE, LLC JIM LYNCH 1871 JULIE LN. TWIN FALLS ID 83301		JIM LYNCH 1871 JULIE LN. TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	CATHY R LYNCH	1871 JULIE LN.	TWIN FALLS	ID	USA	83301	
MEMBER	JIM R LYNCH	1871 JULIE LN.	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID W 131704		6. Annual Report must be signed.* Signature: Jim Lynch Name (type or print): Jim Lynch					
		Date: 01/01/2017 Title: Member					
Processed 01/01/2017		* Electronically provided signatures are accepted as original signatures.					