

No. <b>W 131704</b>		<b>Due no later than Dec 31, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		JIM LYNCH 1871 JULIE LN. TWIN FALLS ID 83301			
		<b>1. Mailing Address: Correct in this box if needed.</b> A BETTER CHOICE ASSISTED LIVING AND MEMORY CARE, LLC JIM LYNCH 1871 JULIE LN. TWIN FALLS ID 83301		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:		6. Annual Report must be signed.*					
<b>ID W 131704</b>		Signature: Jim Lynch			Date: 01/01/2017		
		Name (type or print): Jim Lynch			Title: Member		
Processed 01/01/2017		* Electronically provided signatures are accepted as original signatures.					