No. **W 25717**	**Due no later than Aug 31, 2009** **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.** AAGING BETTER IN-HOME CARE, L.L.C. BRUCE E WEAVER 601 E SELTICE WAY STE 101 POST FALLS ID 83854	BRUCE E WEAVER 601 E SELTICE WAY STE 101 POST FALLS ID 83854 3. New 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	BRUCE E WEAVER	601 E SELTICE WAY STE 101	POST FALLS	ID	USA	83854
MEMBER	CHARLENE A WEAVER	601 E SELTICE WAY STE 101	POST FALLS	ID	USA	83854

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 25717**	Signature: Bruce E. Weaver	Date: 06/10/2009
	Name (type or print): Bruce E. Weaver	Title: President & CEO

Processed 06/10/2009

* Electronically provided signatures are accepted as original signatures.