No. <b>C 202421</b> Return to:		Due no later than Jun 30, 2015 Annual Report Form		2. Registered	2. Registered Agent and Address (NO PO BOX) CARLOS WILLIAMS			
				CARLOS V				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 <b>NO FILING FEE IF</b> <b>RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> A BETTER CHOICE HEALTH SOLUTIONS, INC. 7125 W POPLAR ST BOISE ID 83704			7125 W POPLAR ST BOISE ID 83704-8370			
				BOISE ID				
				3. <u>New</u> Regist	3. New Registered Agent Signature:*			
4. Corporations: Enter	Names and Busi	ness Addresses o	f President, Secretary, and Directors. Trea	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	CARLOS W	/ILLIAMS	7125 W. POPLAR ST	BOISE	ID	USA	83704	
5. Organized Under the Laws of:		6. Annual Repo	ort must be signed.*					
ID		Signature: C		Date: 05/04/2015				
C 202421		Name (type		Title: President				
Processed 05/04/2015		* Electronically	provided signatures are accepted as origin	al signatures.				