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|--|-------------------|--|------------|---|------------|-------------|--|
| No. W 25717 | | Due no later than Aug 31, 2017 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. AAGING BETTER IN-HOME CARE, L.L.C. BRUCE E WEAVER 601 E SELTICE WAY STE 101 POST FALLS ID 83854-5336 | | BRUCE E WEAVER 601 E SELTICE WAY STE 101 POST FALLS ID 83854-5336 | | | |
| 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 | BRUCE E WEAVER | 601 E SELTICE WAY STE 101 | POST FALLS | ID | 83854-5336 | | |
| MEMBER | CHARLENE A WEAVER | 601 E SELTICE WAY STE 101 | POST FALLS | ID | 83854-5336 | | |
| 5. Organized Under the Laws of: ID W 25717 | | 6. Annual Report must be signed.* Signature: Bruce E Weaver Name (type or print): Bruce E Weaver | | | | | |
| | | Date: 06/26/2017 Title: President & CEO | | | | | |
| Processed 06/26/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | |