

No. <b>W 25717</b>		<b>Due no later than Aug 31, 2017</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>		BRUCE E WEAVER 601 E SELTICE WAY STE 101 POST FALLS ID 83854-5336	
		<b>1. Mailing Address: Correct in this box if needed.</b>  AAGING BETTER IN-HOME CARE, L.L.C. BRUCE E WEAVER 601 E SELTICE WAY STE 101 POST FALLS ID 83854-5336		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:		6. Annual Report must be signed.*			
<b>ID W 25717</b>		Signature: Bruce E Weaver		Date: 06/26/2017	
		Name (type or print): Bruce E Weaver		Title: President & CEO	
Processed 06/26/2017		* Electronically provided signatures are accepted as original signatures.			