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|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>No. 043284</b>                                                                                   | <b>Idaho Corporation Annual Report Form</b><br>Due No Later Than November 1, 1987                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2. Registered Agent and Office<br><br><b>SHERRY STOSALOVICH</b><br><b>831 E. FIR, BOX 435</b><br><b>OSBURN, ID</b><br><b>83849</b>     |                                                                                          |                                               |
| Return To<br><br><b>Secretary of State</b><br><b>Room 203, Statehouse</b><br><b>Boise, ID 83720</b> | 1. Mailing Address — Please Correct <b>043284</b><br><br><b>LITTLE FRIENDS PLAYSCHOOL, INC.</b><br><b>SHERRY STOSALOVICH</b><br><b>BOX 435</b><br><b>OSBURN, IDAHO</b><br><b>83849</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3. Incorporated Under The Laws of<br><br><div style="text-align: right;"> <b>STATE OF IDAHO ENTERED</b><br/> <b>JUL 30 1987</b> </div> |                                                                                          |                                               |
| 4. Names and Addresses of Officers and Directors                                                    |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                        |                                                                                          |                                               |
|                                                                                                     | <u>Name</u>                                                                                                                                                                            | <u>Street or P.O. Address</u>                                                                                                                                                                                                                                                                                                                                                                                                        | <u>City</u> <u>State</u>                                                                                                               |                                                                                          |                                               |
| President:                                                                                          | <i>Elaine Laignre</i>                                                                                                                                                                  | <i>114 G. Fir</i>                                                                                                                                                                                                                                                                                                                                                                                                                    | <i>Osburn Id. 83849</i>                                                                                                                |                                                                                          |                                               |
| Secretary:                                                                                          | <i>Bonnie Johnson</i>                                                                                                                                                                  | <i>107 Yellowstone</i>                                                                                                                                                                                                                                                                                                                                                                                                               | <i>Helveston Id. 83867</i>                                                                                                             |                                                                                          |                                               |
| Directors:                                                                                          | <i>Sherry Stosalovich</i>                                                                                                                                                              | <i>Box 435</i>                                                                                                                                                                                                                                                                                                                                                                                                                       | <i>Osburn, Id. 83849</i>                                                                                                               |                                                                                          |                                               |
|                                                                                                     | <i>Joan Lanetti</i>                                                                                                                                                                    | <i>Black Cloud</i>                                                                                                                                                                                                                                                                                                                                                                                                                   | <i>Hallace, Id. 83873</i>                                                                                                              |                                                                                          |                                               |
| 5. Nature of Business<br><br><i>Pre-school</i>                                                      |                                                                                                                                                                                        | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.<br><br><table style="width: 100%;"> <tr> <td style="width: 50%;">           Signature <i>Sherry Stosalovich</i><br/>           Name (Typed or Printed) <i>Sherry Stosalovich</i> </td> <td style="width: 50%;">           Date <i>7-27-87</i><br/>           Title <i>Treasurer</i> </td> </tr> </table> |                                                                                                                                        | Signature <i>Sherry Stosalovich</i><br>Name (Typed or Printed) <i>Sherry Stosalovich</i> | Date <i>7-27-87</i><br>Title <i>Treasurer</i> |
| Signature <i>Sherry Stosalovich</i><br>Name (Typed or Printed) <i>Sherry Stosalovich</i>            | Date <i>7-27-87</i><br>Title <i>Treasurer</i>                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                        |                                                                                          |                                               |

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