

No. W 53067	Due no later than Jul 31, 2016 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.		KIM COCHRANE 650 LARCH POTLATCH ID 83855			
	LITTLE BRICHES DAY CARE, LLC KIM COCHRANE PO BOX 466 POTLATCH ID 83855		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	KIM COCHRANE	2570 HWY 9	PRINCETON	ID		83857
MEMBER	DON COCHRANE	2570 HWY 9	PRINCETON	ID		83857
5. Organized Under the Laws of: ID W 53067	6. Annual Report must be signed.* Signature: Kim Cochrane Name (type or print): Kim Cochrane		Date: 06/20/2016 Title: Owner			
Processed 06/20/2016		* Electronically provided signatures are accepted as original signatures.				