No. **W 88807**	**Due no later than Dec 31, 2011** **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.** CHILDREN'S WORKSHOP, LLC SYLVIA MEDINA PO BOX 51753 IDAHO FALLS ID 83404	ERIC L OLSEN 201 E CENTER ST POCATELLO ID 83201 3. New 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	SYLVIA MEDINA	PO BOX 51753	IDAHO FALLS	ID	USA	83404

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 88807**	Signature: Jeni Freeman	Date: 10/19/2011
	Name (type or print): Jeni Freeman	Title: Member

Processed 10/19/2011

* Electronically provided signatures are accepted as original signatures.