No. **W 53067**	**Due no later than Jul 31, 2013** **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.** LITTLE BRICHES DAY CARE, LLC KIM COCHRANE PO BOX 466 POTLATCH ID 83855	KIM COCHRANE 650 LARCH POTLATCH ID 83855 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	KIM COCHRANE	2570 HWY 9	PRINCETON	ID	USA	83857
MEMBER	DON COCHRANE	2570 HWY 9	PRINCETON	ID	USA	83857

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 53067**	Signature: Kim Cochrane	Date: 08/13/2013
	Name (type or print): Kim Cochrane	Title: Owner

Processed 08/13/2013

* Electronically provided signatures are accepted as original signatures.