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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------------------------|---------|------------------|--|
| No. <b>W 150097</b>                                                                                                                                    |                    | <b>Due no later than Apr 30, 2017</b>                                                                                                       |      | 2. Registered Agent and Address <b>(NO PO BOX)</b>  |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                    | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>MORE SUNSHINE & RAINBOWS CHILD CARE LLC<br>980 BURLEY AVE<br>BUHL ID 83316 |      | SALLY WILLIAMSON<br>980 BURLEY AVE<br>BUHL ID 83316 |         |                  |  |
|                                                                                                                                                        |                    |                                                                                                                                             |      | 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                                                                                                                                                 | SALLY E WILLIAMSON | 980 BURLEY AVE                                                                                                                              | BUHL | ID                                                  | USA     | 83316            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                    | 6. Annual Report must be signed.*                                                                                                           |      |                                                     |         |                  |  |
| <b>ID<br/>W 150097</b>                                                                                                                                 |                    | Signature: Sally Williamson                                                                                                                 |      |                                                     |         | Date: 03/22/2017 |  |
|                                                                                                                                                        |                    | Name (type or print): Sally Williamson                                                                                                      |      |                                                     |         | Title: owner     |  |
| Processed 03/22/2017                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                   |      |                                                     |         |                  |  |