

No. W 53067		Due no later than Jul 31, 2012		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		Annual Report Form 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. <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	USA	83857	
MEMBER	DON COCHRANE	2570 HWY 9	PRINCETON	ID	USA	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: 06/25/2012 Title: Owner					
Processed 06/25/2012		* Electronically provided signatures are accepted as original signatures.					