

No. <b>W 152983</b>		<b>Due no later than Jun 30, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  PLAY LEARN GROW, PLLC CHRISTINA SEARS 9631 N CIRCLE DR HAYDEN ID 83835		CHRISTINA SEARS 9631 N CIRCLE DR HAYDEN ID 83835			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name CHRISTINA SEARS	Street or PO Address 9631 N CIRCLE DR		City HAYDEN	State ID	Country USA	Postal Code 83835
5. Organized Under the Laws of:  <b>ID</b> <b>W 152983</b>		6. Annual Report must be signed.*  Signature: Christina Sears Name (type or print): Christina Sears  Date: 07/15/2017 Title: Occupational Therapist					
Processed 07/15/2017 * Electronically provided signatures are accepted as original signatures.							