

No. <b>W 57004</b>		<b>Due no later than Dec 31, 2010</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		KATHIE FISHER 611 6TH ST FILER ID 83328			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		LITTLE PEACHES DAYCARE LLC KATHIE FISHER PO BOX X FILER ID 83328 USA					
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	
MANAGER	KATHIE FISHER	PO BOX X	FILER	ID	USA	83328	
5. Organized Under the Laws of:  <b>ID W 57004</b>		6. Annual Report must be signed.* Signature: Kathie Fisher Name (type or print): Kathie Fisher Date: 01/11/2011 Title: Manager/Owner					
Processed 01/11/2011		* Electronically provided signatures are accepted as original signatures.					