

No. W 57004		Due no later than Dec 31, 2010 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		1. Mailing Address: Correct in this box if needed. LITTLE PEACHES DAYCARE LLC KATHIE FISHER PO BOX X FILER ID 83328 USA		KATHIE FISHER 611 6TH ST FILER ID 83328			
NO FILING FEE IF RECEIVED BY DUE DATE				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 KATHIE FISHER	Street or PO Address PO BOX X		City FILER	State ID	Country USA	Postal Code 83328
5. Organized Under the Laws of: ID W 57004		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.							