

No. W 39219		Due no later than May 31, 2012 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. DADDY DAYCARE, LLC CLIFFORD BARRY 3337 NW 125TH PL PORTLAND OR 97229		NATHAN D BARRY 1459 NORTHWOOD DR APT 202 MOSCOW ID 83843			
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	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER MANAGER	NATHAN D BARRY CLIFFORD D BARRY	3337 NW 125TH PL 3337 NW 125TH PL	PORLAND PORTLAND	OR OR	USA USA	97229 97229	
5. Organized Under the Laws of: ID W 39219		6. Annual Report must be signed.* Signature: Clifford D Barry Name (type or print): Clifford D Barry Date: 05/04/2012 Title: Manager					
Processed 05/04/2012 * Electronically provided signatures are accepted as original signatures.							