| | Due no later than Jan 31, 2002 | 2. Registered Agent and Office NO PO BOX |
|--|--|--|
| No. W 7740 | Annual Report Form | TIRA L JONES |
| Return to: | Mailing Address - Correct in this box, if applicable | 1604 PENNINGER DR |
| SECRETARY OF STATE | MOTHER'S CHOICE CHILD CARE, LLC | |
| 700 WEST JEFFERSON | TIRA L JONES | BOISE, ID 83709 |
| PO BOX 83720 | 1023 N HORTON | |
| BOISE, ID 83720-0080 | 1020 | 3. New Registered Agent Signature |
| NO THE INC. ITEL | NAMPA, 1D 83651 | |
| NO FILING FEE IF | | |
| RECEIVED BY DUE DATE | - Enter Names and Addresses of Members. | |
| Limited Liability Comp | Street or P.O. Address Street or P.O. Address City 190 P. Jones 5 148 Lafigo P. | sty State Zip |
| Office held Name | Street or P.O. Address | a |
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| 5. Organized Under the Laws of | | · |
| | | · |
| 5. Organized Under the Laws of | | Date <u>1-3-</u> 2002 OneS TitleOwn CR |