

|  |                   |   |          |  |         |             |  |
|--|-------------------|---|----------|--|---------|-------------|--|
| No. <b>C 112935</b>  |                   | <b>Due no later than Dec 31, 2015</b>   |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>       |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>1. Mailing Address: Correct in this box if needed.</b><br>CHUBBUCK MOTHER GOOSE PRE-SCHOOL AND DAY CARE,<br>INC.<br>TRACEY SMITH<br>420 W CHUBBUCK RD<br>CHUBBUCK ID 83202 |          | TRACEY BURWELL<br>420 W CHUBBUCK RD<br>CHUBBUCK ID 83202 |         |             |  |
|  |                   |   |          | 3. <u>New</u> Registered Agent Signature: *              |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                   |   |          |  |         |             |  |
| Office Held  | Name              | Street or PO Address  | City     | State  | Country | Postal Code |  |
| DIRECTOR   | TRACEY SMITH NONE | 426 JULIETTE  | CHUBBUCK | ID   | USA     | 83202       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 112935</b>  |                   | 6. Annual Report must be signed.*<br>Signature: tracey smith<br>Name (type or print): tracey smith<br>Date: 10/14/2015<br>Title: owner  |          |  |         |             |  |
| Processed 10/14/2015   |                   | * Electronically provided signatures are accepted as original signatures.   |          |  |         |             |  |