


No. <b>W 17879</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 04/21/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> RIVER CITY DAYCARE AND LEARNING CENTER LLC JIM FARRIS <del>103 W 11TH</del> <b>1773 E 12th</b> POST FALLS ID 83854		JIM FARRIS <del>103 W 11TH</del> <b>1773 E 12th</b> POST FALLS ID 83854  3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>JIM FARRIS</td> <td>1773 E 12th</td> <td>Post Falls,</td> <td>ID</td> <td></td> <td>83854</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>TRACI FARRIS</td> <td>1773 E 12th</td> <td>Post Falls,</td> <td>IDAHO</td> <td></td> <td>83854</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	JIM FARRIS	1773 E 12th	Post Falls,	ID		83854	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	TRACI FARRIS	1773 E 12th	Post Falls,	IDAHO		83854	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	JIM FARRIS	1773 E 12th	Post Falls,	ID		83854																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	TRACI FARRIS	1773 E 12th	Post Falls,	IDAHO		83854																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 17879</b>	6. Signature:  Date: <b>5-4-2016</b> Name (type or print): <b>JIM FARRIS</b> Title: <b>member/owner</b>																																					

Issued 05/04/2016 by online

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM