No. C 208194		Due no later than Dec 31, 2017	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	DAVID P CLAIBORNE			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. COALITION OF BOISE CHILD CARE PROFESSIONALS, INC. DAVID P CLAIBORNE PO BOX 7985 BOISE ID 83707	STE 110 BOISE ID	1101 W RIVER ST STE 110 BOISE ID 83702 3. New Registered Agent Signature:*		
NO FILING FEE IF RECEIVED BY DUE DATE						
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 JULE HUERT		A 3250 N SHAMROCK AVE	BOISE	ID		83713
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: David P. Claiborne	Date: 10/31/2017			
C 208194		Name (type or print): David P. Claiborne	Title: Attorney/Reg. Agent			
Processed 10/31/2017 * Electronically provided signatures are accepted as original signatures.						