

No. <b>W 68446</b>		<b>Due no later than Nov 30, 2009</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		CINDI SIEVERS 991 N 1250 E RICHFIELD ID 83349			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		GRANDMA CINDI'S DAY CARE, LLC CINDI I SIEVERS PO BOX 268 RICHFIELD ID 83349					
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	CINDI SIEVERS	PO BOX 268	RICHFIELD	ID	USA	83349	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 68446</b>		Signature: Cindi Sievers			Date: 09/11/2009		
		Name (type or print): Cindi Sievers			Title: Member		
Processed 09/11/2009		* Electronically provided signatures are accepted as original signatures.					