

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