

No. W 25816	Due no later than Sep 30, 2014 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. MOOSE CREEK KIDDIE KARE, LLC ROXANN VAN ORDEN PO BOX 524 VICTOR ID 83455 USA	ROXANN VAN ORDEN 142 ELM STREET VICTOR ID 83455			
		3. <u>New</u> Registered Agent Signature:*			
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
MANAGER	ROXANN VAN ORDEN	PO BOX 524	VICTOR	ID	USA 83455
5. Organized Under the Laws of: ID W 25816	6. Annual Report must be signed.* Signature: Roxann Van Orden Name (type or print): Roxann Van Orden		Date: 07/11/2014 Title: Owner/Operator		
Processed 07/11/2014		* Electronically provided signatures are accepted as original signatures.			