

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		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			
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 MANAGER	Name ROXANN VAN ORDEN	Street or PO Address PO BOX 524		City VICTOR	State ID	Country USA	Postal Code 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.							