| No. W 96755 Return to: | | Due no later than Sep 30, 2018 Annual Report Form | | 2. | 2. Registered Agent and Address (NO PO BOX) KATHLEEN STONE | | | |
|--|-----------|--|----------------------|----|---|-------|---------|-------------|
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. BUILDING BLOCKS DAY CARE LLC KATHLEEN STONE 6049 S TEAK WAY BOISE ID 83716 USA | | | 6049 S TEAK WAY BOISE ID 83716 3. New Registered Agent Signature:* | | | |
| RECEIVED BY DUE DATE | | USA | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | | |
| Office Held N | lame | | Street or PO Address | (| City | State | Country | Postal Code |
| MANAGER KA | ATHLEEN A | STONE | 6049 S TEAK WAY | E | 30ISE | ID | USA | 83716 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 96755 | | Signature: Kathleen Stone | | | Date: 07/30/2018 | | | |
| | | Name (type or print): Kathleen Stone | | | Title: Owner | | | |
| Processed 07/30/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |