

|  |  |   |   |       |         |             |
|--|--|---|---|-------|---------|-------------|
| No. <b>W 25816</b>   | <b>Due no later than Sep 30, 2010</b><br><b>Annual Report Form</b>   |   | 2. Registered Agent and Address <b>(NO PO BOX)</b>    |       |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b><br>MOOSE CREEK KIDDIE KARE, LLC<br>ROXANN VAN ORDEN<br>PO BOX 524<br>VICTOR ID 83455 |   | ROXANN VAN ORDEN<br>142 ELM STREET<br>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:<br><br><b>ID</b><br><b>W 25816</b>   | 6. Annual Report must be signed.*<br>Signature: Roxann Van Orden<br>Name (type or print): Roxann Van Orden                                     |   | Date: 07/09/2010<br>Title: Owner/Operator             |       |         |             |
| Processed 07/09/2010   |  | * Electronically provided signatures are accepted as original signatures. |   |       |         |             |