

No. W 88807		Due no later than Dec 31, 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. CHILDREN'S WORKSHOP, LLC SYLVIA MEDINA PO BOX 51753 IDAHO FALLS ID 83404		ERIC L OLSEN 201 E CENTER ST POCATELLO 83201			
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 SYLVIA MEDINA	Street or PO Address PO BOX 51753		City IDAHO FALLS	State ID	Country USA	Postal Code 83404
5. Organized Under the Laws of: ID W 88807		6. Annual Report must be signed.* Signature: Sylvia Medina Name (type or print): Sylvia Medina Date: 10/30/2014 Title: Member					
Processed 10/30/2014 * Electronically provided signatures are accepted as original signatures.							