


No. <b>W 97425</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 01/25/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> WINDI G BUGGE 600 E POPLAR STREET BELLEVUE ID 83313 605 E. Poplar St. Bellevue, ID 83313
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> HAPPY FEET CHILD CARE, LLC. WINDI G BUGGE <del>PO BOX 315</del> <del>BELLEVUE ID 83313 USA</del> 605 E. Poplar St. Bellevue, ID 83313		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member      Name      Street or PO Address      City      State      Country      Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Windi Bugge, Happy Feet Child Care, LLC. 605 E. Poplar St. Bellevue, ID 83313			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold; font-size: large;">             IDAHO              W 97425           </div>		6. Signature:  <hr/> Name (type or print): <u>Windi Bugge</u> <hr/> <div style="text-align: right;">         Date: <u>4/14/16</u>          Title: <u>Owner/operator</u> </div>	
Issued 04/13/2016 by online			

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM