

No. <b>C 180182</b>	<b>Due no later than 9/30/2009 Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>		TERESA LYNCH 915 3RD AVE NORTH PAYETTE ID 83661	
	HAND IN HAND CHILDCARE/PRESCHOOL INC 915 3RD AVE NORTH PAYETTE ID 83661		3. <u>New</u> Registered Agent Signature:	
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.				
Office Held	Name	Street or PO Address	City	State Zip
Owner manager/owner	Andraya Templeton	915 3rd Ave N	Payette	ID 83661
5. Organized Under the Laws of:		6. Annual Report must be signed.		
ID <b>C 180182</b>		Signature: <u>Andraya Templeton</u>	Date: <u>7-22-09</u>	
		Name(type or print): <u>Andraya Templeton</u>	Title: <u>Manager/owner</u>	