

|  |                    |  |           |  |         |                  |  |
|--|--------------------|--|-----------|--|---------|------------------|--|
| No. <b>W 93887</b>   |                    | <b>Due no later than Jun 30, 2014</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>LOVE BUG DAYCARE LLC<br>CHRISTINE M. TALBOTT<br>1007 NW 24TH ST<br>FRUITLAND ID 83619 |           | CHRISTINE M TALBOTT<br>1007 NW 24TH ST<br>FRUITLAND ID 83619 |         |                  |  |
|  |                    |  |           | 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      |  |
| MEMBER   | WILLIAM E. TALBOTT | 1007 NW 24TH ST  | FRUITLAND | ID   | USA     | 83619            |  |
| 5. Organized Under the Laws of:  |                    | 6. Annual Report must be signed.*  |           |  |         |                  |  |
| <b>ID<br/>W 93887</b>  |                    | Signature: Christine M. Talbott  |           |  |         | Date: 06/30/2014 |  |
|  |                    | Name (type or print): Christine M. Talbott   |           |  |         | Title: Manager   |  |
| Processed 06/30/2014   |                    | * Electronically provided signatures are accepted as original signatures.  |           |  |         |                  |  |