

No. C 35101	Annual Report Form 1996 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct WEE CARE AND LEARNING CENTER YVONNE SPARROW 301 NORTH HOOPER AVENUE SODA SPRINGS ID 83276		YVONNE SPARROW 301 NORTH HOOPER AVENUE SODA SPRINGS ID 83276
			3. Organized Under the Laws of: ID C 35101

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
 Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
Pres.	Yvonne Sparrow	> 301 N Hooper	Soda Springs	ID	83276
Sec	Norman Sparrow				

5. NATURE OF BUSINESS DAYCARE PRESCHOOL	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.
	Signature <u>Yvonne Sparrow</u> Date <u>8-19-96</u> Name (Typed or Printed) <u>Yvonne Sparrow</u> Title <u>Pres</u>

ISSUED: 07-06-1995

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