

No. W 93821	Due no later than Jun 30, 2018 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) CLEONE MONCUR 889 E 100 S DECLO ID 83323
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. LITTLE CLASSROOM CAFE & PIZZERIA LLC (THE) PO BOX 4 DECLO ID 83323	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"/>	<i>Cleone Moncur</i>	<i>Box 4</i>	<i>Blackfoot</i>	<i>Idaho</i>	<i>USA</i>	<i>83323</i>
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>Richard Moncur</i>	<i>Box 4</i>	<i>Blackfoot</i>	<i>Idaho</i>	<i>USA</i>	<i>83323</i>
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;"> IDAHO W 93821 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <i>Cleone Moncur</i> </td> <td style="width: 40%;"> Date: <i>6, 29, 2018</i> </td> </tr> <tr> <td> Name (type or print): <i>Cleone Moncur</i> </td> <td> Title: <i>Owner</i> </td> </tr> </table>	Signature: <i>Cleone Moncur</i>	Date: <i>6, 29, 2018</i>	Name (type or print): <i>Cleone Moncur</i>	Title: <i>Owner</i>
Signature: <i>Cleone Moncur</i>	Date: <i>6, 29, 2018</i>				
Name (type or print): <i>Cleone Moncur</i>	Title: <i>Owner</i>				

Issued 05/31/2018 by TLB
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