

|  |                |  |          |   |         |             |  |
|--|----------------|--|----------|---|---------|-------------|--|
| No. <b>W 99379</b>   |                | <b>Due no later than Jan 31, 2013</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><br>SEASONS OF HOPE DAY CARE, LLC<br>HEATH SOMMER<br>4650 HAWTHORNE RD STE 3B<br>CHUBBUCK ID 83202<br>USA |          | HEATH SOMMER<br>4650 HAWTHORNE RD STE 3B<br>CHUBBUCK ID 83202 |         |             |  |
|  |                |  |          | 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   | HEATH J SOMMER | 4650 HAWTHORNE RD STE 3B   | CHUBBUCK | ID  | USA     | 83202       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 99379</b>   |                | 6. Annual Report must be signed.*<br>Signature: Jon Shaffer<br>Name (type or print): Jon Shaffer   |          |   |         |             |  |
|  |                | Date: 11/15/2012<br>Title: Cfo   |          |   |         |             |  |
| Processed 11/15/2012   |                | * Electronically provided signatures are accepted as original signatures.  |          |   |         |             |  |