

No. <b>W 99379</b>	<b>Due no later than Jan 31, 2013</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON 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> SEASONS OF HOPE DAY CARE, LLC HEATH SOMMER 4650 HAWTHORNE RD STE 3B CHUBBUCK ID 83202 USA		HEATH SOMMER 4650 HAWTHORNE RD STE 3B 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:  <b>ID</b> <b>W 99379</b>		6. Annual Report must be signed.* Signature: Jon Shaffer Name (type or print): Jon Shaffer Date: 11/15/2012 Title: Cfo				
Processed 11/15/2012		* Electronically provided signatures are accepted as original signatures.				