

No. C 154175	Due no later than Apr 30, 2005 Annual Report Form	2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. NIGHT OWL'S CHILD CARE, INC. LINDA STORKSON KORANDA 2360 N FIVE MILE RD BOISE ID 83713 0000	LINDA STORKSON KORANDA 2360 N FIVE MILE RD BOISE ID 83713 0000	
		3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).			
Office Held	Name	Street or PO Address	City State Country Postal Code
PRESIDENT	LINDA STORKSON KORANDA	2360 N FIVE MILE RD	BOISE ID USA 83713
5. Organized Under the Laws of: IDAHO C 154175	6. Annual Report must be signed.* Signature: LINDA STORKSON KORANDA Name (type or print): LINDA STORKSON KORANDA		Date: 05/19/2005 Title: PRESIDENT
Processed 05/19/2005		* Electronically provided signatures are accepted as original signatures.	