

No. * 4152	Annual Report Form Due No Later Than November 30, 1997	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 * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct VALLEY CHRISTIAN DAY CARE L. 3072 HEATHERWOOD RD TWIN FALLS ID 83301	DANIEL S FUCHS 3072 HEATHERWOOD RD TWIN FALLS ID 83301 3. Organized Under the Laws of: ID W 4152

4. Corporations: Enter Names and Business 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
	Daniel S. Fuchs	3072 Heatherwood Rd.	Twin Falls	ID	83301
	Barbara J. Fuchs				

5. SIGNATURE OF CURRENT RA	6. Signature <u>Daniel S. Fuchs</u> Date <u>7/15/97</u> Name (Typed or Printed) <u>Daniel S. Fuchs</u> Title <u>OWNER</u>
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ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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