No. C 955:	5 9	Annual Report Form Due No Later Than November 30,	2. Registered A	ligent and Office N	OT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED		1. Mailing Address - Please Correct, If Not Correct	SHIRLE 5155 E	Y ANDREI Zy Stree:	
		SHIRLEY'S KIDS, INC. SHIRLEY ANDREWS 5155 EZY STREET		D*ALEN I	
		COEUR 0 41 EVE TO 83814	3. Organized Under the Laws of:		
4. Corporations: En	ter Names and	Addresses of President, Secretary and Directors Names and Addresses of Managers or Members			*****
Office held	Name	Street or P.O. Address	<u>Cîty</u>	State	Zip
President		eyAndrews 6155 Gy St	Cdo	‡d	8 3814
Virectoes	Shirl Donald	ey Aladrews R Andrews		,	
NATURE OF	BUSINESS	I certify that this Annual Report has been knowledge true, correct and complete. Signature Signature			
CHILD CARE		Name (Typed or Shinley A Andre	eus_ Titl	e PRCS	

18SUES:	07-06-19	96		24452	