

No. C 92072		Due no later than Apr 30, 2015 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. CLASSROOM CONNECTION, INC JOANN PETERSON BOX 5827 TWIN FALLS ID 83301		JOANN PETERSON 3196 LAUREL WOOD TWIN FALLS 83301			
						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	JOANN PETERSON	3196 LAURELWOOD	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID C 92072		6. Annual Report must be signed.* Signature: JOANN PETERSON Name (type or print): JOANN PETERSON					
		Date: 03/20/2015 Title: REGISTERED AGENT					
Processed 03/20/2015 * Electronically provided signatures are accepted as original signatures.							