No. <b>W 78057</b>	Due no later than Sep 30, 2010		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		SONDRA BENAVIDEZ 1615 ADDISON AVE E TWIN FALLS ID 83301			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.  CLASSY CASTLE CHILDREN'S CENTER, LLC SONDRA D BENAVIDEZ 1615 ADDISON AVE E					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080						
	TWIN FALLS ID 83301		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA					
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held Name	Street or PO Addre	ess	City	State	Country	Postal Code
MEMBER SONDRA D	BENAVIDEZ 1615 ADDISON AV	EE	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID	Signature: Sondra Benavidez		Date: 07/13/2010			
W 78057	Name (type or print): Sondra Benavidez		Title: Owner			
Processed 07/13/2010	* Electronically provided signatures are accepted as original signatures.					