

No. W 8227		Due no later than Mar 31, 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		1. Mailing Address: Correct in this box if needed. COUNTRY CORNER DAY CARE PRODUCTS, LLC ELIZABETH THUREN 2427 EAST 3300 NORTH TWIN FALLS ID 83301		ELIZABETH THUREN 2429 EAST 3300 NORTH TWIN FALLS 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name ELIZABETH THUREN	Street or PO Address 2427 EAST 3300 NORTH		City TWIN FALLS	State ID	Country	Postal Code 83301
5. Organized Under the Laws of: ID W 8227		6. Annual Report must be signed.* Signature: Elizabeth Thuren Name (type or print): Elizabeth Thuren Date: 01/17/2015 Title: Manager					
Processed 01/17/2015 * Electronically provided signatures are accepted as original signatures.							