No. <b>W 118117</b>	Due no later than Oct 31, 2016	2. Registered Agent and Address (NO PO BOX)
Return to:	Annual Report Form	KERI TABERNA
SECRETARY OF STATE	1. Mailing Address: Correct in this box if need	1851 BITTERROOT DRIVE TWIN FALLS ID 83301
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	KIDS INK LEARNING CENTER AND CHILDCARE LIMITE LIABILITY COMPANY KERI TABERNA	
	435 MAIN AVE E	3. New Registered Agent Signature:*
NO FILING FEE IF	TWIN FALLS ID 83301	
RECEIVED BY DUE DATE		
4. Limited Liability Companies: Ente	r Names and Addresses of at least one Member or Manager.	
Office Held Name	Street or PO Address	City State Country Postal Code
MANAGER KERI TA	ABERNA 1851 BITTERROOT DRIVE	TWIN FALLS ID USA 83301
5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID	Signature: Keri Taberna	Date: 09/13/2016
W 118117	Name (type or print): Keri Taberna	Title: Manager
Processed 09/13/2016 * Electronically provided signatures are accepted as original signatures.		