No. W 8227		
Return to:	Due no later than Mar 31, 2001	
SECRETARY OF STATE	Annual Report Form	2. Registered Agent and Office NO PO BOX
PO BOX 83720	1. Mailing Address - Correct in this box, if applicable COUNTRY CORNER DAY CARE PRODUCTS, LELIZABETH THUREN	ELIZABETH THUREN 2429 EAST 3300 NORTH
BOISE, ID 83720-0080	ELIZABETH THUREN 2427 EAST 3300 NORTH	
NO FILING FEE IF	TWIN FALLS, ID 83301	TWIN FALLS, ID 83301
RECEIVED BY DUE DATE		New Registered Agent Signature
Limited Liability Companie	es: Enter Names and Addresses of Members.	J
Office held Name	Street or P.O. Address	
Manager, Elizab	Street or P.O. Address eth Thiren 2427 East 3300A evt Thuren 2427 East 3300N	State Zip
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5. Organized Under the Laws of:	6.	
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