

|  |                |  |        |   |         |             |  |
|--|----------------|--|--------|---|---------|-------------|--|
| No. <b>W 90948</b>   |                | <b>Due no later than Feb 28, 2017</b>  |        | 2. Registered Agent and Address <b>(NO PO BOX)</b>    |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>Annual Report Form</b>  |        | GLENDA KESTLE<br>810 BUCHANAN ST N<br>JEROME ID 83338 |         |             |  |
|  |                | <b>1. Mailing Address: Correct in this box if needed.</b><br>GLENDA'S DAYCARE LLC<br>GLENDA KESTLE<br>810 BUCHANAN ST N<br>JEROME ID 83338 |        | 3. <u>New</u> Registered Agent Signature: *           |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |                |  |        |   |         |             |  |
| Office Held  | Name           | Street or PO Address   | City   | State   | Country | Postal Code |  |
| MANAGER  | KENISHA KESTLE | 810 BUCHANAN ST N.   | JEROME | ID  | USA     | 83338       |  |
| MANAGER  | GLENDA KESTLE  | 810 BUCHANAN ST N  | JEROME | ID  | USA     | 83338       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 90948</b>   |                | 6. Annual Report must be signed.*<br>Signature: Glenda Kestle<br>Name (type or print): Glenda Kestle                                       |        |   |         |             |  |
|  |                | Date: 02/11/2017<br>Title: owner/operator  |        |   |         |             |  |
| Processed 02/11/2017   |                | * Electronically provided signatures are accepted as original signatures.  |        |   |         |             |  |