
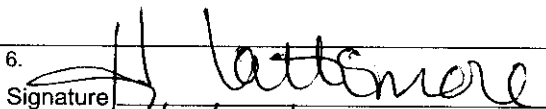


| No. W 16567 | Due no later than Sep 30, 2002 Annual Report Form | | 2. Registered Agent and Office NO PO BOX | | | | | | | | | | | | |
|---|--|--|---|--------------------|-------------|-------------------------------|-------------|--------------|------------|--------|-----------------|-------------|-------|----|-------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address - Correct in this box, if applicable CHILDREN'S PALACE, LLC (THE) 246 MAPLE ST IDAHO FALLS, ID 83402 | | HOLLY LATTIMORE 246 MAPLE ST IDAHO FALLS, ID 83402 3. <u>New</u> Registered Agent Signature  | | | | | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>member</td> <td>Holly Lattimore</td> <td>2825 Salmon</td> <td>Ammon</td> <td>ID</td> <td>83406</td> </tr> </tbody> </table> | | | | <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | member | Holly Lattimore | 2825 Salmon | Ammon | ID | 83406 |
| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | | | | | | | | | | |
| member | Holly Lattimore | 2825 Salmon | Ammon | ID | 83406 | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 16567 | | 6.  Signature _____ Date <u>7-22-02</u> Name (Typed or Printed) <u>Holly Lattimore</u> Title <u>member</u> | | | | | | | | | | | | | |