

No. W 38970 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 07/11/2012 1. Mailing Address: Correct in this box if needed. SHINING STARS LEARNING CENTER, LLC MELINDA M DUFFIN 30 JERRY LANE REXBURG ID 83440	2. Registered Agent and Office (NOT A P.O. BOX) MELINDA DUFFIN 30 JERRY LANE REXBURG ID 83440 3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"><thead><tr><th>Manager or Member</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td><td>Melinda Duffin</td><td>30 Jerry Lane</td><td>Rexburg,</td><td>ID</td><td></td><td>83440</td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Melinda Duffin	30 Jerry Lane	Rexburg,	ID		83440	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 38970	6. Signature: <u>Melinda Duffin</u> Date: <u>7-30-12</u> Name (type or print): <u>Melinda Duffin</u> Title: _____																																				
Issued 07/31/2012 by LLC																																					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM