

No. W 4152	Due no later than Jun 30, 2009 Annual Report Form		2. Registered Agent and Address (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 needed. VALLEY CHRISTIAN DAY CARE L.L.C. DANIEL S FUCHS 3072 HEATHERWOOD RD TWIN FALLS ID 83301 USA		DANIEL S FUCHS 3072 HEATHERWOOD RD TWIN FALLS ID 83301			
			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
MEMBER	DANIEL S FUCHS	3072 HEATHERWOOD RD	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID W 4152		6. Annual Report must be signed.* Signature: Daniel S Fuchs Name (type or print): Daniel S Fuchs Date: 07/15/2009 Title: Member				
Processed 07/15/2009		* Electronically provided signatures are accepted as original signatures.				