No. <b>W 36573</b>	Due no later than Feb 28, 2006		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form			TRANSTRUM	į		
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.			297 E KNOLL CT EAGLE ID 83616 0000			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	LEARNING SENSATIONS, LLC LORRAINE TRANSTRUM 297 E KNOLL CT		LAGEL ID				
	EAGLE ID 83616 0000		3. <u>New</u> Registe	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
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 LORRAINE TRANSTRUM 297 E KNOLL CT		297 E KNOLL CT	EAGLE	ID		83616	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
IDAHO	Signature: LORRAINE TRANSTRUM Date: 02/07/2006				)6		
W 36573	Name (type or print): LORRAINE TRANSTRUM Title: MEMBER						
Processed 02/07/2006	* Electronically provided signatures are accepted as original signatures.						