No. C 104027 Return to:	Due no later than Nov 30, 2009 Annual Report Form 1. Mailing Address: Correct in this box if needed. BOISE BEARS CHILD CARE CENTER, INC. FLOYD BROWN 5671 N COLLISTER DRIVE			2. Registered Agent and Office (NOT A P.O. BOX) BARBARA BROWN 1803 NORTH 9TH STREET BOISE ID 83702 3. New Registered Agent Signature.		
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080						
NO FILING FEE IF RECEIVED BY DUE DATE BOISE ID 837						
4. Corporations: Enter Nam Office Held Nam		es of President, Street or PO		s and(optional) [*] City	Treasurer. State Coul	ntry Postal Code
Pres. Bar U.Pres. Flow Sec. Kri	bara Brown Jd Brown John Brown Jimmy Leatha	5671 5671 4821	Calliston	Boire Boire	ID ID IO	837U3 837U3 837U3 8363Y
5. Organized Under the Lav IDAHO C 104027	vs of: 6. Signature: Name (type of	Print):	y bara	J Brow		hate://-30 0
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