

No. W 53067		Due no later than Jul 31, 2010		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		Annual Report Form		KIM COCHRANE 650 LARCH POTLATCH ID 83855	
		1. Mailing Address: Correct in this box if needed. LITTLE BRICHES DAY CARE, LLC KIM COCHRANE PO BOX 466 POTLATCH ID 83855		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
MANAGER	KIM COCHRANE	2570 HWY 9	PRINCETON	ID	USA 83857
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID W 53067		Signature: Kim Cochrane		Date: 07/20/2010	
		Name (type or print): Kim Cochrane		Title: Owner	
Processed 07/20/2010		* Electronically provided signatures are accepted as original signatures.			