| No. W 85469 | A AND CONTRACTOR OF THE PROPERTY OF THE PROPER | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--|---------------------------------|---|-------|---------|-------------|
| Return to: Annu | | ıal Report Form | MAGGIE O'BRIEN | | | |
| SECRETARY OF STATE | 1. Mailing Address: Correct in this box if needed. | | 3209 S OXBOW DR NAMPA ID 83686 | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | EDUCATIONAL SERVICES FOR SPECIAL NEEDS, LLC MARGARET M O'BRIEN PO BOX 1073 | | | | | |
| | NAMPA ID 83686 | | 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 |
| MANAGER MARGARET | M O'BRIEN | P.O.BOX 1073 3209 S OXBOW DRIVE | NAMPA | ID | USA | 83686 |
| | | | | | | |
| 5. Organized Under the Laws of: | 6. Annual Report must b | | | | | |
| ID | Signature: Margaret M. O'Brien | | Date: 07/11/2011 | | | |
| W 85469 | Name (type or print): Margaret M. O'Brien | | Title: Owner | | | |
| Processed 07/11/2011 | * Electronically provided signatures are accepted as original signatures. | | | | | |