No. W 132968		Due no later than Jan 31, 2016		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			MEAGON COCHRAN 3632 DENT BRIDGE RD OROFINO ID 83544 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CLEARWATER KIDS LEARNING CENTER LLC. MEAGON D'NELLE COCHRAN 3632 DENT BRIDGE RD OROFINO ID 83544		OROFINO				
NO FILING RERECEIVED BY DU	JE DATE		at least one Member or Manager.					
Office Held	Name	ines and Addresses of	Street or PO Address	City	State	Country	Postal Code	
MEMBER		NELLE COCHRAN	3632 DENT BRIDGE RD	OROFINO	ID	USA	83544	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 132968		Signature: Meagon Cochran			Date: 01/29/2016			
		Name (type or print): Meagon Cochran			Title: Owner/Director			
Processed 01/29/2016		* Electronically provided signatures are accepted as original signatures.						