

FILED EFFECTIVE

REINSTATEMENT

No. <b>W 8227</b>	<b>Annual Report Form</b> <b>ADMIN DISSOLVED 06/12/2006</b>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>FEE DUE \$30.00</b>	1. Mailing Address - Correct in this box, if applicable		ELIZABETH THUREN 2429 EAST 3300 NORTH  TWIN FALLS, ID 83301													
	COUNTRY CORNER DAY CARE PRODUCTS, L ELIZABETH THUREN 2427 EAST 3300 NORTH  TWIN FALLS, ID 83301															
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> Members (check one)																
<table border="0"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>Elizabeth Thuren</td> <td>2427 East 3300 North</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Member	Elizabeth Thuren	2427 East 3300 North	Twin Falls	ID	83301
Office held	Name	Street or P.O. Address	City	State	Zip											
Member	Elizabeth Thuren	2427 East 3300 North	Twin Falls	ID	83301											
5. Organized under the laws of:  IDAHO W 8227		6. Signature <u>Elizabeth Thuren</u> Date <u>8-7-06</u> Name (Typed or Printed) <u>Elizabeth Thuren</u> Title <u>Member</u>														

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 SECRETARY OF STATE  
 STATE OF IDAHO

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