No. W 83929		Due no later than May 31, 2010		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		EMILY COVINGTON 416 MEADOWBROOK DR NAMPA ID 83686			
SECRETARY OF STATE	1. Mailing A	1. Mailing Address: Correct in this box if needed.					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	EMILY COVIN	EMMY'S CLUB HOUSE DAYCARE LLC EMILY COVINGTON 416 MEADOWBROOK DR NAMPA ID 83686					
	NAMPA ID 8			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Limited Liability Companies: Ente	er Names and Addresse	es of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER EMILY A COVINGTON		416 MEADOWBROOK DR	NAMPA	ID	USA	83686	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature: En	Signature: Emily Covington		Date: 03/12/2010			
W 83929	Name (type o	Name (type or print): Emily Covington		Title: Owner			
Processed 03/12/2010	* Electronically p	* Electronically provided signatures are accepted as original signatures.					