

No. W 121458		Due no later than Jan 31, 2014		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 1. Mailing Address: Correct in this box if needed. DREAM CENTER LLC BARBARA NORTON PO BOX 1110 125 W WYOMING AVE HOMEDALE ID 83628		BARBARA NORTON 125 W WYOMING AVE HOMEDALE ID 83628	
				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	BARBARA GAIL NORTON	125 W WYOMING AVE POB 1110	HOMEDALE	ID	USA 83628
5. Organized Under the Laws of: ID W 121458		6. Annual Report must be signed.* Signature: Barbara Norton Name (type or print): Barbara Norton Date: 02/19/2014 Title: Owner			
Processed 02/19/2014		* Electronically provided signatures are accepted as original signatures.			