

No. <b>W 74781</b>		<b>Due no later than May 31, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  WEE CARE ACADEMY, LLC KELLY J SAVIANO 8940 W CHERRY LN NAMPA ID 83687		KELLY J SAVIANO 8940 W CHERRY LN NAMPA ID 83687			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name KELLY J SAVIANO	Street or PO Address 8940 W CHERRY LN		City NAMPA	State ID	Country	Postal Code 83687
5. Organized Under the Laws of:  <b>ID</b> <b>W 74781</b>		6. Annual Report must be signed.*  Signature: Kelly J Saviano Name (type or print): Kelly J Saviano  Date: 03/20/2017 Title: Owner					
Processed 03/20/2017 * Electronically provided signatures are accepted as original signatures.							