

|  |                 |  |        |  |         |                  |  |
|--|-----------------|--|--------|--|---------|------------------|--|
| No. <b>W 58175</b>   |                 | <b>Due no later than Jan 31, 2018</b>  |        | 2. Registered Agent and Address <b>(NO PO BOX)</b>       |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br>SANDY'S CHILDCARE LLC<br>DAVID A HEEDING<br>651 L ST<br>IDAHO FALLS ID 83402-2734 |        | DAVID A HEEDING<br>651 L ST<br>IDAHO FALLS ID 83402-2734 |         |                  |  |
|  |                 |  |        | 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      |  |
| MEMBER   | DAVID A HEEDING | 11047 STATE HIGHWAY P  | POTOSI | MO   | USA     | 63664-3160       |  |
| MEMBER   | SANDY K HEEDING | 11047 STATE HIGHWAY P  | POTOSI | MO   | USA     | 63664-3160       |  |
| 5. Organized Under the Laws of:  |                 | 6. Annual Report must be signed.*  |        |  |         |                  |  |
| <b>ID<br/>W 58175</b>  |                 | Signature: David A Heeding   |        |  |         | Date: 01/27/2018 |  |
|  |                 | Name (type or print): David A Heeding  |        |  |         | Title: CEO       |  |
| Processed 01/27/2018   |                 | * Electronically provided signatures are accepted as original signatures.  |        |  |         |                  |  |