| No. W 39219 | | Due no later than May 31, 2010 | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|----------------|--|--------------------------------------|------------------|--|---------|-------------|--|
| Return to: | | Annual Report Form | | 027.140.010 | NATHAN D BARRY 827 HAROLD ST | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. DADDY DAYCARE, LLC CLIFFORD BARRY 3337 NW 125TH PL PORTLAND OR 97229 | | MOSCOW ID | MOSCOW ID 83843 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compa | nies: Enter Na | mes and Addresse | s of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | CLIFFORD D | BARRY | 3337 NW 125TH PL | PORTLAND | OR | USA | 97229 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 39219 | | Signature: Clifford Barry | | | Date: 07/03/2010 | | | |
| | | Name (type or | | Title: President | | | | |
| Processed 07/03/2010 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |