

No. C 93338		Due no later than Sep 30, 2005		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. PRIEST LAKE DAYCARE, INC. 32203 HWY 57 PRIEST RIVER ID 83856 0000		KIM HOLMAN 32203 HWY 57 PRIEST RIVER ID 83856 0000			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	MATTHEW O BUTLER	32203 HIGHWAY 57	PRIEST RIVER	ID	USA	83856	
SECRETARY	SHERRI TROUPE	32203 HIGHWAY 57	PRIEST RIVER	ID	USA	83856	
DIRECTOR	TERRENE MACK	32203 HIGHWAY 57	PRIEST RIVER	ID	USA	83856	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
IDAHO C 93338		Signature: Matthew Butler Name (type or print): Matthew Butler		Date: 11/16/2005 Title: Board President			
Processed 11/16/2005		* Electronically provided signatures are accepted as original signatures.					