

No. **W-8227****Due no later than March 31, 2008
Annual Report Form****2. Registered Agent and Office NO PO BOX**Return to:
**SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080****1. Mailing Address - Correct in this box, if applicable****COUNTRY CORNER DAY CARE PRODUCTS, L
ELIZABETH THUREN
2427 EAST 3300 NORTH
TWIN FALLS, ID 83301****ELIZABETH THUREN
2429 EAST 3300 NORTH
TWIN FALLS, ID 83301****NO FILING FEE IF
RECEIVED BY DUE DATE****3. New Registered Agent Signature****4. Limited Liability Companies: Enter Names and Addresses of Managers.**Office heldNameStreet or P.O. AddressCityStateZip*Manager Elizabeth Thuren 2427 E 3300 N Twin Falls Id 83301***5. Organized Under the Laws of:****IDAHO
W 8227****6.**

Signature

Elizabeth Thuren

Date

1/10/08

Name (Typed or Printed)

Elizabeth Thuren

Title

Manager

Issued 01/02/2008

Do Not Tape or Staple

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