No. **W 74781**	**Due no later than May 31, 2015** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** WEE CARE ACADEMY, LLC KELLY J SAVIANO 8940 W CHERRY LN NAMPA ID 83687	KELLY J SAVIANO 8940 W CHERRY LN NAMPA 83687 3. New 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	KELLY J SAVIANO	8940 W CHERRY LN	NAMPA	ID		83687

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 74781**	Signature: Kelly J. Saviano	Date: 03/31/2015
	Name (type or print): Kelly J. Saviano	Title: Owner

Processed 03/31/2015

* Electronically provided signatures are accepted as original signatures.