

No. W 53067 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Jul 31, 2007 Annual Report Form <small>1. Mailing Address - Correct in this box if applicable</small> LITTLE BRICHES DAY CARE, LLC PO BOX 46 2570 Hwy 9 PRINCETON, ID 83857	2. Registered Agent and Office NO PO BOX KIM COCHRANE 2570 HWY 9 PRINCETON, ID 83857 3. New Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>manager</td> <td>Kim Cochrane</td> <td>2570 Hwy 9</td> <td>Princeton Id</td> <td>Id</td> <td>83857</td> </tr> <tr> <td>member</td> <td>Don Cochrane</td> <td>2570 Hwy 9</td> <td>Princeton Id</td> <td>Id</td> <td>83857</td> </tr> </tbody> </table> <p style="font-size: 2em; margin-left: 100px;">W53067</p>			Office held	Name	Street or P.O. Address	City	State	Zip	manager	Kim Cochrane	2570 Hwy 9	Princeton Id	Id	83857	member	Don Cochrane	2570 Hwy 9	Princeton Id	Id	83857
Office held	Name	Street or P.O. Address	City	State	Zip															
manager	Kim Cochrane	2570 Hwy 9	Princeton Id	Id	83857															
member	Don Cochrane	2570 Hwy 9	Princeton Id	Id	83857															
5. Organized Under the Laws of: IDAHO W 53067	6. Signature <i>Don Cochrane</i> Date <i>11-Sept-07</i> Name <i>Don Cochrane</i> Title <i>Manager</i>																			

Issued 09/11/2007 by LG

Do Not Tape or Staple

Fold, seal and mail this portion.

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Detach at this perforation and discard this lower portion.

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

BLOCK 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.

BLOCK 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box

BLOCK 3: Only a new registered agent must sign in Block 3.

BLOCK 4: Enter names and business addresses of president, secretary, and directors (for corporations only), managers/members (for LLC's Only), one or more general partners (for LP's only). Note: Putting "same as last year" or "same as above" or leaving the block blank will not be accepted. Changes here will not affect the address in Block 1. Be sure to include office held for each name listed.

BLOCK 5: May not be altered through the use of this form.

BLOCK 6: The annual report must be signed by a person authorized to represent the corporation/LLC/LP. Print or type the name and title of the signer below the signature.

The image of this form will be available on the Internet once it is filed. **DO NOT** enter Social Security Numbers.

If the (Corporation/Limited Liability Company/Limited Partnership) is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on our website at www.kidsos.state.id.us. However, if no timely annual report is filed, administrative action will be taken, at no cost to the (Corporation/Limited Liability Company/Limited Partnership), to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

POSTMARK DATES WILL NOT BE ACCEPTED