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| No. W 39219 | | Due no later than May 31, 2014 | | 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. DADDY DAYCARE, LLC CLIFFORD BARRY 3337 NW 125TH PL PORTLAND OR 97229 | | NEAL D STUART 1101 W RIVER ST STE 360 BOISE ID 83702 | | | |
| | | | | 3. <u>New</u> 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 | CLIFFORD D BARRY | 3337 NW 125TH PL | PORTLAND | OR | USA | 97229 | |
| MEMBER | NATHAN D BARRY | 3337 NW 125TH PL | PORTLAND | OR | USA | 97229 | |
| 5. Organized Under the Laws of: ID W 39219 | | 6. Annual Report must be signed.* Signature: Clifford Name (type or print): Clifford Date: 05/18/2014 Title: Barry | | | | | |
| Processed 05/18/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | | |