No. **C 104027**	**Due no later than Nov 30, 2016** **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.** BOISE BEARS CHILD CARE CENTER, INC. BARBARA BROWN 1803 N 9TH BOISE ID 83702	BARBARA BROWN 1803 NORTH 9TH STREET BOISE ID 83702 3. New 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
DIRECTOR	JACK LEATHERS	1092 W GOLD	KUNA	ID	USA	83634
DIRECTOR	BARBARA BROWN	4821 N COLLISTER	BOISE	ID	USA	83703
SECRETARY	KRISTIN M BROWN/CHAPIN	3688 N WATERSONG	MERIDIAN	ID	USA	83646

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 104027**	Signature: Barbara Brown	Date: 12/21/2016
	Name (type or print): Barbara Brown	Title: director

Processed 12/21/2016

* Electronically provided signatures are accepted as original signatures.