

No. W 7236	Due no later than Oct 31, 2000 Annual Report Form		2. Registered Agent and Office 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 applicable CAMELOTS CASTLE CHILD CARE LLC. CHARLOTTE FLATT 10415 EXCALIBUR BOISE, ID 83704		CHARLOTTE FLATT 10415 EXCALIBUR BOISE, ID 83704 3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>owner Director</td> <td>Charlotte Flatt</td> <td>10415 Excalibur</td> <td>Boise</td> <td>Id.</td> <td>83704</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	owner Director	Charlotte Flatt	10415 Excalibur	Boise	Id.	83704
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
owner Director	Charlotte Flatt	10415 Excalibur	Boise	Id.	83704											
5. Organized Under the Laws of: IDAHO W 7236		6. Signature <u>Charlotte Flatt</u> Date <u>8-11-00</u> Name <small>(Typed or Printed)</small> <u>Charlotte Flatt</u> Title: <u>owner</u> <small>XXXX</small>														

Issued 08/01/2000

Do Not Tape or Staple

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