| No. W 76572 | D | Due no later than Aug 31, 2015 | | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|--|-------|---|---|-------------|--|--|
| Return to: | | Annual Report Form | | GENA MARIE ANDERSON 4281 RIM VISTA ROAD FILER ID 83328 3. New Registered Agent Signature:* | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | RIGHT ON TR | 1. Mailing Address: Correct in this box if needed. RIGHT ON TRACK CHILD CARE, L.L.C. GENA M ANDERSON 1411 FALLS AVE E SUITE 501 TWIN FALLS ID 83301 USA | | | | | | |
| | TWIN FALLS | | | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | USA | | | | | | | |
| 4. Limited Liability Companies: Ent | er Names and Address | es of at least one Member or Manager. | | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | | |
| MEMBER KENNY | N ANDERSON | 4281 RIM VISTA ROAD | FILER | ID | USA | 83328 | | |
| MANAGER GENA M ANDERSON | | 4281 RIM VISTA ROAD | FILER | ID | USA | 83328 | | |
| 5. Organized Under the Laws of: 6. Annual R | | rt must be signed.* | | | | | | |
| ID | Signature: G | Signature: GENA M ANDERSON | | Date: 06/24/2015 | | | | |
| W 76572 | Name (type | Name (type or print): GENA M ANDERSON | | Title: OWNER/DIRECTOR | | | | |
| Processed 06/24/2015 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |