No. **W 4152**	**Due no later than Jun 30, 2014** **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.** VALLEY CHRISTIAN DAY CARE L.L.C. DANIEL S FUCHS 3072 HEATHERWOOD RD TWIN FALLS ID 83301 USA	DANIEL S FUCHS 3072 HEATHERWOOD RD TWIN FALLS ID 83301 3. New 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	DANIEL S FUCHS	3072 HEATHERWOOD RD	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 4152**	Signature: Daniel S Fuchs	Date: 04/14/2014
	Name (type or print): Daniel S Fuchs	Title: Member

Processed 04/14/2014

* Electronically provided signatures are accepted as original signatures.