

|                                                                                                                                                        |               |                                                                                                                                                                    |          |                                                          |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------|---------|-------------|--|
| No. <b>C 196870</b>                                                                                                                                    |               | <b>Due no later than Dec 31, 2015</b>                                                                                                                              |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>       |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>TINY TOES PLAY & LEARN CENTER, INC.<br>BROOKE RAMSEY<br>625 BRYDEN AVE STE I<br>LEWISTON ID 83501 |          | RON T BLEWETT<br>301 D STREET STE C<br>LEWISTON ID 83501 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                                    |          | 3. <u>New</u> 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 |  |
| PRESIDENT                                                                                                                                              | SARAH RANDALL | 625 BRYDEN AVENUE STE I                                                                                                                                            | LEWISTON | ID                                                       | USA     | 83501       |  |
| VICE PRESIDENT                                                                                                                                         | BROOKE RAMSEY | 625 BRYDEN AVENUE STE I                                                                                                                                            | LEWISTON | ID                                                       | USA     | 83501       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 196870</b>                                                                                          |               | 6. Annual Report must be signed.*<br>Signature: Brooke L Ramsey<br>Name (type or print): Brooke L Ramsey<br>Date: 10/28/2015<br>Title: Vice President              |          |                                                          |         |             |  |
| Processed 10/28/2015                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                          |          |                                                          |         |             |  |