No. W 119425 Return to:		_	Due no later than Nov 30, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX) ROBERT BROCK			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		ACORN AC	1. Mailing Address: Correct in this box if needed. ACORN ACADEMICS LLC 421 DEERWOOD DR HAILEY ID 83333 3. New Registered Agent Signa			gnature:*		
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	anies: Enter	Names and Addr	resses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	ROBERT	BROCK	421 DEERWOOD DR	HAILEY	ID	USA	83333	
5. Organized Under the Laws of:		6. Annual Re	6. Annual Report must be signed.*					
ID		Signature	Signature: Robert Brock		Date: 11/22/2016			
W 119425		Name (typ	pe or print): Robert Brock		Title: Manager			
Processed 11/22/2016 * Electronically provided signatures are accepted as original signatures.								