

No. W 68446		Due no later than Nov 30, 2015		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		Annual Report Form		CINDI SIEVERS 991 N 1250 E RICHFIELD ID 83349	
		1. Mailing Address: Correct in this box if needed. GRANDMA CINDI'S DAY CARE, LLC CINDI I SIEVERS PO BOX 268 RICHFIELD ID 83349		3. <u>New</u> 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	CINDI SIEVERS	PO BOX 268	RICHFIELD	ID	83349
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID W 68446		Signature: Cindi Sievers		Date: 12/01/2015	
		Name (type or print): Cindi Sievers		Title: Member	
Processed 12/01/2015		* Electronically provided signatures are accepted as original signatures.			