No. W 167412		Due no later than Jun 30, 2017		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		J WAYNE SV	J WAYNE SWEARINGEN			
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.		No. of the Control of	1904 CANDLERIDGE DR TWIN FALLS ID 83301			
		FRESH START CHILDCARE CENTER LLC JOSEPH WAYNE SWEARINGEN 1904 CANDLERIDGE DR		I WIN FALLS				
		TWIN FALLS ID 83301		3. New Register	3. New Registered Agent Signature:*			
		USA						
4. Limited Liability Com	panies: Enter Na	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	JOSEPH WA	AYNE SWEARINGEN	1904	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must	be signed.*					
ID W 167412		Signature: Joseph W		Date: 05/13/2017				
		Name (type or print)		Title: Member				
Processed 05/13/2017		* Electronically provided	d signatures are accepted as original	signatures.				