| No. C 104027 | | Due n | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|------------------------|--|---|--|--|---------|-------------|--|
| Return to: | | Annual Report Form | | | BARBARA BROWN 1803 NORTH 9TH STREET BOISE 83702 3. New Registered Agent Signature:* | | | |
| 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. | | Maria Ma | | | | |
| | | BOISE BEARS CHILD CARE CENTER, INC. FLOYD BROWN 1803 N 9TH BOISE ID 83702 | | | | | | |
| | | | | | | | | |
| 4. Corporations: Enter Nam | nes and Busin | ess Addresses of Pre | sident, Secretary, and Directors. Treas | surer (optional). | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| SECRETARY | KRISTIN M BROWN/CHAPI | | 3688 N WATERSONG | MERIDIAN | ID | USA | 83646 | |
| DIRECTOR | FLOYD BROWN | | 4821 N COLLISTER | BOISE | ID | USA | 83703 | |
| DIRECTOR | DIRECTOR BARBARA BROWN | | 4821 N COLLISTER | BOISE | ID | USA | 83703 | |
| 5. Organized Under the Laws of: | | 6. Annual Report m | | | | | | |
| ID C 104027 | | Signature: Barba | | Date: 11/30/2014 | | | | |
| | | Name (type or pr | | Title: Director | | | | |
| Processed 11/30/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | | | |