

No. W 53067	Reinstatement Annual Report Form ADMIN DISSOLVED 10/06/2009		2. Registered Agent and Office (NOT A P.O. BOX) KIM COCHRANE 650 LARCH POTLATCH ID 83855																					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. LITTLE BRICHES DAY CARE, LLC PO BOX 466 POTLATCH ID 83855		3. New Registered Agent Signature.																					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.																								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Office Held</th> <th style="width:20%;">Name</th> <th style="width:30%;">Street or PO Address</th> <th style="width:10%;">City</th> <th style="width:10%;">State</th> <th style="width:10%;">Country</th> <th style="width:10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>owner</td> <td>Kim Cochrane</td> <td>2570 Hwy9</td> <td>Princeton Id</td> <td>Latah</td> <td></td> <td>83857</td> </tr> <tr> <td>co owner</td> <td>Donald Cochrane</td> <td>2570 Hwy9</td> <td>Princeton Id</td> <td>Latah</td> <td></td> <td>83857</td> </tr> </tbody> </table>	Office Held	Name	Street or PO Address	City	State	Country	Postal Code	owner	Kim Cochrane	2570 Hwy9	Princeton Id	Latah		83857	co owner	Donald Cochrane	2570 Hwy9	Princeton Id	Latah		83857			
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5. Organized Under the Laws of: <div style="text-align: center; border: 1px solid black; padding: 5px;"> IDAHO W 53067 </div>	6. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; border-bottom: 1px solid black;"> Signature: <i>Kim Cochrane</i> </td> <td style="width:40%; border-bottom: 1px solid black;"> Date: <i>Oct 15 2009</i> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> Name (type or print): <i>Kim Cochrane</i> </td> <td style="border-bottom: 1px solid black;"> Title: <i>owner</i> </td> </tr> </table>			Signature: <i>Kim Cochrane</i>	Date: <i>Oct 15 2009</i>	Name (type or print): <i>Kim Cochrane</i>	Title: <i>owner</i>																	
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Issued 10/13/2009 by CLH																								

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. **Note:** Do not put "same as last year" or "same as above". These will not be accepted.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.