No. <b>C 80371</b>		Du	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  1. Mailing Address: Correct in this box if needed.  EXCEPTIONAL CHILD CENTER, INC.  JAMES M. HUTCHINGS  1411 FALLS AVE E STE 703  TWIN FALLS ID 83301  USA			JAMES M HUTCHINGS			
				3254 WOODRIDGE DR TWIN FALLS ID 83301  3. New Registered Agent Signature:*				
								4. Corporations: Enter Names
Office Held N	ame		Street or PO Address	City	State	Country	Postal Code	
The same of the sa	DIANE S HUTCHINGS JAMES M. HUTCHINGS		3254 WOODRIDGE DR. 1411 FALLS AVE EAST SUITE 703	TWIN FALLS TWIN FALLS	ID ID	USA USA	83301 83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Jar		Date: 11/20/2012				
C 80371		Name (type o		Title: President				
Processed 11/20/2012	* Electronically provided signatures are accepted as original signatures.							