

No. W 160507		Due no later than Jan 31, 2018		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. AMIE'S DAY CARE, LLC AMIE'S DAY CARE, LLC 1224 7TH ST S NAMPA ID 83651		TAX MANAGEMENT SERVICES LLC 1224 7TH ST S NAMPA ID 83651			
				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	AMIE OJEDA	423 18TH AVE S	NAMPA	ID	USA	83651-4846	
5. Organized Under the Laws of: ID W 160507		6. Annual Report must be signed.* Signature: Amie Ojeda Name (type or print): Amie Ojeda Date: 11/27/2017 Title: MEMBER					
Processed 11/27/2017		* Electronically provided signatures are accepted as original signatures.					