No. C 92072		Annual Report Form 1. Mailing Address: Correct in this box if needed. CLASSROOM CONNECTION, INC JOANN PETERSON BOX 5827		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				3196 LAUREL TWIN FALLS	JOANN PETERSON 3196 LAUREL WOOD TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
NO FILIN RECEIVED BY 4. Corporations: Enter	DUE DATE		President, Secretary, and Directors. Trea		- Agene 3	ignature.		
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	JOANN PETE	ERSON	3196 LAURELWOOD	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 92072		Signature: St		Date: 02/25/2014				
		Name (type or print): Steven D. Peterson			Title: Attorney			
Processed 02/25/201	4	* Electronically p	provided signatures are accepted as origin	nal signatures.			-	