

No. W 8227	Due no later than Mar 31, 2014 Annual Report Form	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	1. Mailing Address: Correct in this box if needed. COUNTRY CORNER DAY CARE PRODUCTS, LLC ELIZABETH THUREN 2427 EAST 3300 NORTH TWIN FALLS ID 83301	ELIZABETH THUREN 2429 EAST 3300 NORTH TWIN FALLS ID 83301	
		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	ELIZABETH THUREN	2427 EAST 3300 NORTH	TWIN FALLS ID USA 83301
5. Organized Under the Laws of: ID W 8227	6. Annual Report must be signed.* Signature: Elizabeth Thuren Name (type or print): Elizabeth Thuren		Date: 02/28/2014 Title: Manager
Processed 02/28/2014		* Electronically provided signatures are accepted as original signatures.	