| No. C 80371 | Due | Due no later than Jan 31, 2010 | | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|---|--------------------------|--|---|----------------|--|--|
| Return to: | | 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 | | JAMES M HUTCHINGS 3254 WOODRIDGE DR TWIN FALLS ID 83301 3. New Registered Agent Signature:* | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | EXCEPTIONAL JAMES M. HU 1411 FALLS AV | | | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Corporations: Enter Names an | d Business Addresses of F | resident, Secretary, and Directors. Treasure | (optional). | | | | | |
| Office Held Name | 2 | Street or PO Address | City | State | Country | Postal Code | | |
| | ES HUTCHINGS SM. 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 | 6. Annual Report must be signed.* | | | | | | |
| ID. | Signature: Jan | Signature: James M. Hutchings | | Date: 11/09/2009 | | | | |
| C 80371 | Name (type or | Name (type or print): James M. Hutchings | | Title: President | | | | |
| Processed 11/09/2009 | * Electronically pr | * Electronically provided signatures are accepted as original signatures. | | | | | | |