

No. W 28341 Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than February 29, 2008 Annual Report Form 1. Mailing Address - Correct in this box, if applicable EASTLAND CHILDCARE ACADEMY, LLC 2509 IRONWOOD AVE TWIN FALLS, ID 83301 2486	2. Registered Agent and Office NO PO BOX AMANDA GLENBENNING DASTRUP 276 EASTLAND DR N TWIN FALLS, ID 83301 2486 IRONWOOD AVE 3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>MEMBER</td> <td>AMANDA DASTRUP</td> <td>2486 IRONWOOD AVE</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>MEMBER</td> <td>MARCELLA BLASS</td> <td>534 MEADOWLARK WY</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	MEMBER	AMANDA DASTRUP	2486 IRONWOOD AVE	TWIN FALLS	ID	83301	MEMBER	MARCELLA BLASS	534 MEADOWLARK WY	TWIN FALLS	ID	83301
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5. Organized Under the Laws of: IDAHO W 28341	6. Signature <u>Marcella Blass</u> Date <u>1-27-08</u> Name <small>(Typed or Printed)</small> <u>MARCELLA BLASS</u> Title <u>MEMBER</u>																			

Issued 12/03/2007

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