

No. W 8227

Due no later than March 31, 2009
Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

COUNTRY CORNER DAY CARE PRODUCTS, L
ELIZABETH THUREN
2427 EAST 3300 NORTH
TWIN FALLS, ID 83301

ELIZABETH THUREN
2429 EAST 3300 NORTH
TWIN FALLS, ID 83301

**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Elizabeth Thuren	2427 E 3300 N	Twin Falls, Id		83301

5. Organized Under the Laws of:

IDAHO
W 8227

6.

Signature Elizabeth Thuren Date 1/12/09

Name (Typed or Printed) Elizabeth Thuren Title Manager

Issued 01/05/2009

Do Not Tape or Staple

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