

No. C 104027		Due no later than Nov 30, 2012 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. BOISE BEARS CHILD CARE CENTER, INC. FLOYD BROWN 1803 N 9TH BOISE ID 83702		BARBARA BROWN 1803 NORTH 9TH STREET BOISE ID 83702			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	FLOYD BROWN	4821 N COLLISTER	BOISE	ID	USA	83703	
DIRECTOR	BARBARA BROWN	4821 N COLLISTER	BOISE	ID	USA	83703	
5. Organized Under the Laws of: ID C 104027		6. Annual Report must be signed.* Signature: Barbara J Brown Name (type or print): Barbara J Brown					
		Date: 09/28/2012 Title: Director					
Processed 09/28/2012 * Electronically provided signatures are accepted as original signatures.							