

No. <b>W 39219</b>		<b>Due no later than May 31, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  DADDY DAYCARE, LLC CLIFFORD BARRY 12399 NW WAKER DR PORTLAND OR 97229		NEAL D STUART 1101 W RIVER ST STE 360 BOISE ID 83702			
				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	CLIFFORD D BARRY	3337 NW 125TH PL	PORTLAND	OR	USA	97229	
MEMBER	NATHAN D BARRY	3337 NW 125TH PL	PORTLAND	OR	USA	97229	
5. Organized Under the Laws of:  <b>ID W 39219</b>		6. Annual Report must be signed.* Signature: Clifford Barry Name (type or print): Clifford Barry Date: 07/03/2016 Title: Manager/Member					
Processed 07/03/2016		* Electronically provided signatures are accepted as original signatures.					