

| | | | | | | | |
|--|-------------------|--|------------|---|------------------|-------------|--|
| No. W 71612 | | Due no later than Feb 28, 2009 | | 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 | | Annual Report Form | | CLAUDIA S RADMALL 160 7TH AVE N TWIN FALLS ID 83301 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | BO PEEP DAY CARE, LLC BARRY K HAMILTON PO BOX 163 TWIN FALLS ID 83303 | | | | | |
| 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 | |
| MANAGER | CLAUDIA S RADMALL | PO BOX 953 | TWIN FALLS | ID | USA | 83303 | |
| MANAGER | GARY RADMALL | PO BOX 953 | TWIN FALLS | ID | USA | 83303 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 71612 | | Signature: Claudia Radmall | | | Date: 12/20/2008 | | |
| | | Name (type or print): Claudia Radmall | | | Title: Manager | | |
| Processed 12/20/2008 | | * Electronically provided signatures are accepted as original signatures. | | | | | |