

No. 85101	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991	2. Registered Agent and Office NOT A P.O. BOX																								
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1. Mailing Address: Please Correct If Not Correct	YVONNE SPARROW 301 NORTH HOOPER AVENUE SODA SPRINGS ID 83276																								
	WEE CARE AND LEARNING CENTE YVONNE SPARROW 301 NORTH HOOPER AVENUE SODA SPRINGS ID 83276	3. Incorporated Under The Laws of ID NO: 085101																								
4. Names and Addresses of Officers and Directors																										
<table border="0"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Yvonne Sparrow</td> <td>301 N. Hooper</td> <td>Soda Springs</td> <td>ID</td> <td>83276</td> </tr> <tr> <td>Secretary:</td> <td>Norman Sparrow</td> <td>same</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Yvonne Sparrow	301 N. Hooper	Soda Springs	ID	83276	Secretary:	Norman Sparrow	same				Directors:					
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Directors:																										
5. Nature of Business Day Care	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="0"> <tr> <td>Signature <u>Yvonne Sparrow</u></td> <td>Date <u>7-8-91</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>Yvonne Sparrow</u></td> <td>Title <u>Pres.</u></td> </tr> </table>		Signature <u>Yvonne Sparrow</u>	Date <u>7-8-91</u>	Name (Typed or Printed) <u>Yvonne Sparrow</u>	Title <u>Pres.</u>																				
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