

|  |                 |   |         |  |         |                  |  |
|--|-----------------|---|---------|--|---------|------------------|--|
| No. <b>W 112615</b>  |                 | <b>Due no later than Apr 30, 2017</b>   |         | 2. Registered Agent and Address <b>(NO PO BOX)</b>               |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br>SWEET PEA CHILD CARE LLC<br>ERLINDA KESSLER<br>10195 PAYETTE HEIGHTS RD.<br>PAYETTE ID 83661 |         | ERLINDA KESSLER<br>10195 PAYETTE HEIGHTS RD.<br>PAYETTE ID 83661 |         |                  |  |
|  |                 |   |         | 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      |  |
| MANAGER  | ERLINDA KESSLER | 10195 PAYETTE HEIGHTS RD.   | PAYETTE | ID   | USA     | 83661            |  |
| 5. Organized Under the Laws of:  |                 | 6. Annual Report must be signed.*   |         |  |         |                  |  |
| <b>ID<br/>W 112615</b>   |                 | Signature: Erlinda Kessler  |         |  |         | Date: 04/05/2017 |  |
|  |                 | Name (type or print): Erlinda Kessler   |         |  |         | Title: owner     |  |
| Processed 04/05/2017   |                 | * Electronically provided signatures are accepted as original signatures.   |         |  |         |                  |  |