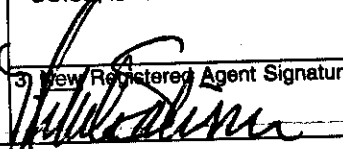
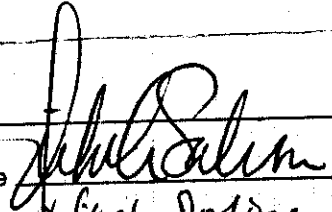


No. W 13551	Due no later than November 30, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable NK CHILD DEVELOPMENT LLC NIKELE H WEEKS 7509 W CAMAS ST BOISE, ID 83709		NIKELE WEEKS <i>Saline</i> 7509 W CAMAS ST BOISE, ID 83709 3. New/Registered Agent Signature 													
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Owner-Member</td> <td>Nikele Saline</td> <td>7509 W Camas</td> <td>Boise</td> <td>ID</td> <td>83709</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Owner-Member	Nikele Saline	7509 W Camas	Boise	ID	83709
Office held	Name	Street or P.O. Address	City	State	Zip											
Owner-Member	Nikele Saline	7509 W Camas	Boise	ID	83709											
5. Organized Under the Laws of: IDAHO W 13551		6. Signature  Name (Typed or Printed) <i>Nikele Saline</i>			Date <i>10/9/06</i> Title <i>Owner</i>											

Issued 09/01/2006

Do Not Tape or Staple

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