No. **W 8227**	**Due no later than Mar 31, 2012** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** COUNTRY CORNER DAY CARE PRODUCTS, LLC ELIZABETH THUREN 2427 EAST 3300 NORTH TWIN FALLS ID 83301	ELIZABETH THUREN 2429 EAST 3300 NORTH TWIN FALLS ID 83301 3. New 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	ELIZABETH THUREN	2427 EAST 3300 NORTH	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 8227**	Signature: Eliazabeth Thuren	Date: 01/07/2012
	Name (type or print): Eliazabeth Thuren	Title: Manager

Processed 01/07/2012

* Electronically provided signatures are accepted as original signatures.