

No. <b>W 129849</b>	<b>Due no later than Oct 31, 2017 Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	<b>1. Mailing Address: Correct in this box if needed.</b>  CHILDREN'S THERAPY AND LEARNING CENTER LLC KARI THOMPSON 5358 N MORNINGGALE WAY BOISE ID 83713-1447		AARON MORRIS 449 S FITNESS PLACE EAGLE ID 83616			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held MANAGER	Name KARI LEIGH THOMPSON	Street or PO Address 2553 W SUGAR CREST DRIVE	City EAGLE	State ID	Country USA	Postal Code 83616
5. Organized Under the Laws of:  <b>ID W 129849</b>	6. Annual Report must be signed.*  Signature: KARI THOMPSON Name (type or print): KARI THOMPSON  Date: 09/12/2017 Title: OWNER					
Processed 09/12/2017	* Electronically provided signatures are accepted as original signatures.					