No. W 121099 Return to:		Due no later than Jan 31, 2016 Annual Report Form			2. Registered Agent and Address (NO PO BOX) BARBARA F SMOLE			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			ress: Correct in this box if needed. AND DAYCARE LLC ID 83654	NEW MEADOW	3630 HUBBARD LANE NEW MEADOWS ID 83654 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
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	BARBARA F	SMOLE	3630 HUBBARD LANE	NEW MEADOWS	ID	USA	83654	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Barba		Date: 11/20/2015				
W 121099		Name (type or pr		Title: Owner				
Processed 11/20/2015 * Electronically provided signatures are accepted as original signatures.								