No. W 161301		Due no later than Jan 31, 2017		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. SISTERLY LOVE DAYCARE, LLC C/O RYAN BARNETT CPA 307 19TH ST STE A-4 LEWISTON ID 83501		307 19TH ST LEWISTON	RYAN BARNETT CPA 307 19TH ST STE A-4 LEWISTON ID 83501 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.								
	Name		Street or PO Address	City	State	Country	Postal Code	
	KIMBERLY FRENTHEWAY CHRISTINA THRASHER		2087 OLD PECK GRADE 2087 OLD PECK GRADE	LENORE LENORE	ID ID	USA USA	83541 83541	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Chr		Date: 12/08/2016				
W 161301		Name (type or		Title: Member				
Processed 12/08/2016 * Electronically provided signatures are accepted as original signatures.								