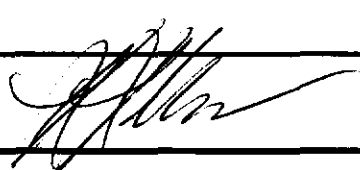


No. W 88274	Reinstatement Annual Report Form ADMIN DISSOLVED 02/08/2011		2. Registered Agent and Office (NOT A P.O. BOX) KERRY MCHARGUE 8760 SOUTH 500 WEST 1394 FRONTIER TRAIL VICTOR ID 83455			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. CLOUD 9 CHILDCARE LLC PO BOX 945 VICTOR ID 83455		3. <u>New</u> Registered Agent Signature.			

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager/owner	Kerry Mchargue	Box 945	VICTOR	ID	USA	83455
Member	Brandon Mchargue	Box 945	VICTOR	ID	USA	83455

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;"> IDAHO W 88274 </div>	6. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 70%;"> Signature:  <hr/> Name (type or print): KERRY KAY MCHARGUE </div> <div style="width: 25%; text-align: right;"> Date: 3/6/11 <hr/> Title: Owner </div> </div>
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Issued 02/25/2011 by JL1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address.
Note: To ensure future mailings, the corrected address **must** be inside Block 1.

If the office address is not correct, strike the incorrect information and write in the correct information. **Note:** The office of the