

No. C 171850		Due no later than Mar 31, 2011 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. GO SPEECH THERAPY, INC. GINA ORGILL 3042 OAKWOOD CIRCLE AMMON ID 83406		GINA ORGILL 1953 DAKOTA LANE AMMON ID 83406			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	GINA ORGILL	1953 DAKOTA LANE	AMMON	ID	USA	83406	
PRESIDENT	GINA ORGILL	1953 DAKOTA LANE	AMMON	ID	USA	83406	
5. Organized Under the Laws of: ID C 171850		6. Annual Report must be signed.* Signature: Gina Orgill Name (type or print): Gina Orgill					
Processed 01/13/2011		Date: 01/13/2011 Title: President * Electronically provided signatures are accepted as original signatures.					