No. W 24849		Due no later than Jun 30, 2018		[2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		VICKI HULET MS CCC-SLP				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. VICKI HULET SPEECH THERAPY LLC VICKI N HULET PO BOX 531 ISLAND PARK ID 83429			4063 SW SAGEHEN ISLAND PARK ID 83429 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	VICKI HULE	r MS CCC-SLP	PO BOX 531		ISLAND PARK	ID		83429
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Vicki Hulet			Date: 05/03/2018			
W 24849		Name (type or print): Vicki Hulet			Title: Member			
Processed 05/03/2018 * Electronically provided signatures are accepted as original signatures.								