No. W 118934		Due no later than Nov 30, 2016		2.	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			SHAWN D BOYLE 3875 S AMERICAN WAY IDAHO FALLS ID 83402 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Addre						
		LUKE SEARLE SPEECH LANGUAGE PATHOLOGIST, LLC LUKE K SEARLE 3396 GREENWILLOW LANE IDAHO FALLS ID 83401		3				
NO FILING FEE IF RECEIVED BY DUE DATE		IDANOTALLS ID (TIOTALLS ID 65401		griatare.			
4. Limited Liability Comp	anies: Enter Na	mes and Addresses of a	at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER LINDSAY SEARLE MANAGER LUKE SEARLE		3396 Greenwillow Lane 3396 Greenwillow Lane		IDAHO FALLS IDAHO FALLS	ID ID	USA USA	83401 83401	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 118934		Signature: Luke Searle			Date: 10/22/2016			
		Name (type or print): Luke Searle			Title: Manager			
Processed 10/22/2016		* Electronically provided signatures are accepted as original signatures.						