

No. W 24849	Due no later than Jun 30, 2012 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. VICKI HULET SPEECH THERAPY LLC VICKI N HULET 559 MASTERS DR IDAHO FALLS ID 83401		VICKI HULET MS CCC-SLP 559 MASTERS DR IDAHO FALLS ID 83401			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	VICKI HULET MS CCC-SLP	559 MASTERS DR	IDAHO FALLS	ID	USA	83401-3118
5. Organized Under the Laws of: ID W 24849	6. Annual Report must be signed.* Signature: Vicki N Hulet Name (type or print): Vicki N Hulet		Date: 04/30/2012 Title: Member			
Processed 04/30/2012		* Electronically provided signatures are accepted as original signatures.				