No. W 171431			2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		PATRICIA A TAYLOR			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. SPEECH BLOSSOMS, LLC PATRICIA A TAYLOR 5170 W YARROW RD		1448 E CENTER ST SUITE I POCATELLO ID 83201			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080						
	POCATELLO ID 83201		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
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
MANAGER PATRICIA A	TAYLOR	1448 E CENTER STREET SUITE I	POCATELLO	ID	USA	83201
5. Organized Under the Laws of:	anized Under the Laws of: 6. Annual Report must be signed.*					
Signature: Patricia A Ta		Taylor	Date: 09/18/2017			
W 171431	Name (type or print): Patricia A Taylor		Title: Owner/Manager			
Processed 09/18/2017	* Electronically provided signatures are accepted as original signatures.					