

No. <b>W 76261</b>		<b>Due no later than Jul 31, 2011</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		RACHEL SEIBOLD 1254 SWISHER RD POCATELLO ID 83204	
		<b>1. Mailing Address: Correct in this box if needed.</b> SEIBOLD SPEECH THERAPY LLC RACHEL A SEIBOLD 1254 SWISHER RD POCATELLO ID 83204		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
MANAGER	RACHEL A SEIBOLD	1254 SWISHER RD	POCATELLO	ID	USA
Postal Code 83204					
5. Organized Under the Laws of:  <b>ID W 76261</b>		6. Annual Report must be signed.* Signature: Rachel Seibold Name (type or print): Rachel Seibold			
		Date: 06/23/2011 Title: Manager			
Processed 06/23/2011		* Electronically provided signatures are accepted as original signatures.			