

No. C 192109		Due no later than Aug 31, 2017 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. SPEECH PATHOLOGY ASSOCIATES, INC BRENDA PADRON 550 AMY LN IDAHO FALLS ID 83406		BRENDA PADRON 550 AMY LN IDAHO FALLS ID 83406			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	BRENDA PADRON	550 AMY LN	IDAHO FALLS	ID	USA	83406	
SECRETARY	BRENDA PADRON	550 AMY LN	IDAHO FALLS	ID	USA	83406	
PRESIDENT	BRENDA PADRON	550 AMY LN	IDAHO FALLS	ID	USA	83406	
5. Organized Under the Laws of: ID C 192109		6. Annual Report must be signed.* Signature: Brenda Padron Name (type or print): Brenda Padron					
		Date: 07/12/2017 Title: director					
Processed 07/12/2017 * Electronically provided signatures are accepted as original signatures.							