No. C 171375	D	Due no later than Feb 28, 2015		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		ELIZABETH NIELSEN				
SECRETARY OF STATE	1. Mailing A	1. Mailing Address: Correct in this box if needed.		165 TAYLOR ST TWIN FALLS 83301				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	ELIZABETH NIELSEN, SLP, INC. ELIZABETH NIELSEN 165 TAYLOR ST		TWINTALLS 65501					
	TWIN FALLS	TWIN FALLS ID 83301		3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE	USA							
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	
PRESIDENT ELIZABETH NIELSLEN		165 TAYLOR ST		TWIN FALLS	ID	USA	83301-5219	
5. Organized Under the Laws of:	Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature: Elizabeth Nielslen			Date: 01/21/2015				
C 171375	Name (type o	Name (type or print): Elizabeth Nielslen		Title: Speech Language Pathologist				
Processed 01/21/2015	* Electronically p	* Electronically provided signatures are accepted as original signatures.						