No. C 199161		Due no later than Jul 31, 2015		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		NATALIE KOVACH 2414 15TH ST LEWISTON ID 83501 3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		PURE LANGUAGE SERVICES, INC. DANIELLE KOPASZ 1785 BEACON HILL RD						
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Corporations: Enter	Names and Busin	ess Addresses o	f President, Secretary, and Directors. Tr	easurer (d	optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT	DANIELLE K	OPASZ	PO BOX 4753		LEXINGTON	KY	USA	40544-4753
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
KY C 199161		Signature: Danielle Kopasz			Date: 06/21/2015			
		Name (type or print): Danielle Kopasz			Title: CEO			
Processed 06/21/2015		* Electronically provided signatures are accepted as original signatures.						