No. **W 76261**	**Due no later than Jul 31, 2009** **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.** SEIBOLD SPEECH THERAPY LLC RACHEL A SEIBOLD 3270 E. 1ST ST APT #4 IDAHO FALLS ID 83401 USA	RACHEL SEIBOLD 162 S HEATH LN APT 4 IDAHO FALLS ID 83401 3. New 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	Postal Code
MANAGER	RACHEL A SEIBOLD	3270 E 1ST ST APT 4	IDAHO FALLS	ID	USA	83401

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 76261**	Signature: Rachel Seibold	Date: 07/07/2009
	Name (type or print): Rachel Seibold	Title: Manager

Processed 07/07/2009

* Electronically provided signatures are accepted as original signatures.