

No. W 118934		Due no later than Nov 30, 2017		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. LUKE SEARLE SPEECH LANGUAGE PATHOLOGIST, LLC LUKE SEARLE 667 REGENCY LANE IDAHO FALLS ID 83402		SHAWN D BOYLE 3670 S 25TH E STE 3 IDAHO FALLS ID 83404			
				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	Postal Code	
MEMBER	LINDSAY SEARLE	667 REGENCY LANE	IDAHO FALLS	ID	USA	83402	
MANAGER	LUKE SEARLE	667 REGENCY LANE	IDAHO FALLS	ID	USA	83402	
5. Organized Under the Laws of: ID W 118934		6. Annual Report must be signed.* Signature: Luke Searle Name (type or print): Luke Searle					
Date: 12/18/2017 Title: Manager							
Processed 12/18/2017		* Electronically provided signatures are accepted as original signatures.					