No. **C 157672**	**Due no later than Dec 31, 2006** **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.** KIM STOWELL SPEECH LANGUAGE PATHOLOGIST, INC. 329 S WOODRUFF IDAHO FALLS ID 83401	KIM STOWELL 438 STARLIGHT IDAHO FALLS ID 83402 3. New 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
PRESIDENT	KIM STOWELL	438 STARLIGHT	IDAHO FALLS,	ID	USA	83402
SECRETARY	KIM STOWELL	438 STARLIGHT	IDAHO FALLS	ID	USA	83402
DIRECTOR	KIM STOWELL	438 STARLIGHT	IDAHO FALLS	ID	USA	83402

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
IDAHO **C 157672**	Signature: Kim Stowell	Date: 10/10/2006
	Name (type or print): Kim Stowell	Title: President

Processed 10/10/2006

* Electronically provided signatures are accepted as original signatures.