No. C 186581 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE			Due no later than Mar 31, 2014	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
		Annual Report Form 1. Mailing Address: Correct in this box if needed. TONGUE TWISTER SPEECH THERAPY, INC. SEAN CURRAN POB 93 KELLOGG ID 83837		29265 E CAN CATALDO II	SEAN CURRAN 29265 E CANYON RD CATALDO ID 83810 3. New Registered Agent Signature:*			
4. Corporations: Enter	Names and Busin	ess Addresses	of President, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY	LAURA CURRAN		POB 93	KELLOGG	ID	USA	83837- 83810	
PRESIDENT	SEAN CURRAN		POB 93 KELLOGG	CATALDO	ID	USA	83810- 83810	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 186581		Signature: Sean Curran			Date: 02/13/2014			
		Name (type or print): Sean Curran			Title: President			
Processed 02/13/2014	1	* Electronical	ly provided signatures are accepted as original	signatures.				