No. W 24849		Due no later than Jun 30, 2013		2. Regist	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. VICKI HULET SPEECH THERAPY LLC VICKI N HULET 559 MASTERS DR IDAHO FALLS ID 83401		559 M	VICKI HULET MS CCC-SLP 559 MASTERS DR IDAHO FALLS ID 83401 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE									
4. Limited Liability Companies	s: Enter Nar	mes and Addresses	of at least one Member or Manager.						
Office Held N	lame		Street or PO Address	City		State	Country	Postal Code	
MEMBER V	'ICKI HULET	r MS CCC-SLP	559 MASTERS DR	IDAHO	FALLS	ID	USA	83401-3118	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID		Signature: Vicki Hulet			Date: 08/01/2013				
W 24849		Name (type or print): Vicki Hulet			Title: Member				
Processed 08/01/2013	* Electronically provided signatures are accepted as original signatures.								