No. C 202167	Du	Due no later than May 31, 2015		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE	Annual Report Form 1. Mailing Address: Correct in this box if needed. ASPIRE SPEECH LANGUAGE PATHOLOGY INC KATHRYN M JOHNSON 874 11TH ST IDAHO FALLS ID 83404		KATHRYN M JOHNSON 874 11TH ST					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			_	IDAHO FALLS ID 83404 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Names and Busi	ness Addresses of	President, Secretary, and Directors. Tr	easurer (optional).				
Office Held Name		Street or PO Address		City	State	Country	Postal Code	
PRESIDENT KATHRYN I	M JOHNSON	874 11TH ST		IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:	6. Annual Report must be signed.*							
ID	Signature: Kathryn M Johnson			Date: 05/05/2015				
C 202167 Name (type or print): Kathryn M Jo		or print): Kathryn M Johnson		Title: Founder/CEO/President				
Processed 05/05/2015	* Electronically p	* Electronically provided signatures are accepted as original signatures.						