

|                                                                                                                                                        |              |                                                                                                                                                                                          |       |                                                             |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------|---------|------------------|--|
| No. <b>C 168703</b>                                                                                                                                    |              | <b>Due no later than Sep 30, 2014</b>                                                                                                                                                    |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>          |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |              | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>SPEECH TREE INC<br>SHARI E DOKE<br>935 E WINDING CREEK DR<br>STE 120<br>EAGLE ID 83616 |       | SHARI DOKE<br>935 E WINDING CREEK STE 120<br>EAGLE ID 83616 |         |                  |  |
|                                                                                                                                                        |              |                                                                                                                                                                                          |       | 3. <u>New</u> 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                                                                                                                                              | SHARI E DOKE | 935 E WINDING CREEK DR. SUITE 120                                                                                                                                                        | EAGLE | ID                                                          | USA     | 83616            |  |
| 5. Organized Under the Laws of:                                                                                                                        |              | 6. Annual Report must be signed.*                                                                                                                                                        |       |                                                             |         |                  |  |
| <b>ID<br/>C 168703</b>                                                                                                                                 |              | Signature: Shari Doke                                                                                                                                                                    |       |                                                             |         | Date: 07/16/2014 |  |
|                                                                                                                                                        |              | Name (type or print): Shari Doke                                                                                                                                                         |       |                                                             |         | Title: President |  |
| Processed 07/16/2014                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                                                |       |                                                             |         |                  |  |