No. <b>W 166836</b>		Due no later than May 31, 2017	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	NANCY M BOYD 4289 S BURGO WAY				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  BOYD SPEECH & LANGUAGE THERAPY SERVICES, LLC  NANCY M BOYD  4289 S BURGO WAY  MERIDIAN ID 83642	MERIDIAN II	MERIDIAN ID 83642  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA					
4. Limited Liability Comp	anies: Enter Nar	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	NANCY BOYI	D 4289 S. BURGO WAY	MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Nancy M Boyd	Date: 07/22/2017				
W 166836		Name (type or print): Nancy M Boyd	Title: Owner				
Processed 07/22/2017 * Electronically provided signatures are accepted as original signatures.							