

No. <b>W 116609</b>		<b>Due no later than Aug 31, 2013</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> SARAH MICHELLE WASSERMAN, SPEECH-LANGUAGE PATHOLOGIST, LLC SARAH MICHELLE WASSERMAN 11946 W GOLDENROD AVE BOISE ID 83713 USA		SARAH M WASSERMAN 11946 W GOLDENROD AVE BOISE ID 83713			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	SARAH MICHELLE WASSERMAN	11946 W GOLDENROD AVE	BOISE	ID	USA	83713	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 116609</b>		Signature: Sarah M. Wasserman				Date: 08/07/2013	
		Name (type or print): Sarah M. Wasserman				Title: Manager	
Processed 08/07/2013		* Electronically provided signatures are accepted as original signatures.					