No. **C 174444**	**Due no later than Aug 31, 2011** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** GAIL A KISLING, MS, CCC-SLP, INC. GAIL KISLING 3378 E LEROY DR AMMON ID 83406	GAIL A KISLING 3378 E LEROY DR AMMON ID 83406 3. New 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	GAIL KISLING	3378 E LEROY DR	AMMON	ID	USA	83406

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 174444**	Signature: Gail Kisling	Date: 08/15/2011
	Name (type or print): Gail Kisling	Title: President

Processed 08/15/2011

* Electronically provided signatures are accepted as original signatures.