No. C 202167	Du	Due no later than May 31, 2018		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON	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		ed.	KATHRYN M JOHNSON 874 11TH ST IDAHO FALLS ID 83404-8340 3. New Registered Agent Signature:*				
PO BOX 83720 BOISE, ID 83720-0080			3					
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Names and Bus	iness Addresses of	President, Secretary, and Directors. Tre	easurer (o _l	ptional).				
Office Held Name		Street or PO Address		City	State	Country	Postal Code	
PRESIDENT KATHRYN	M JOHNSON	874 11TH ST		IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:	6. Annual Report must be signed.*							
ID	ID Signature: kathryn m johnson			Date: 04/16/2018				
C 202167	C 202167 Name (type or print): kathryn m johnson			Title: president				
Processed 04/16/2018	* Electronically p	* Electronically provided signatures are accepted as original signatures.						