No. W 24849		Due no later than Jun 30, 2017		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			VICKI HULET MS CCC-SLP			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. VICKI HULET SPEECH THERAPY LLC VICKI N HULET 559 MASTERS DR IDAHO FALLS ID 83401			559 MASTERS DR IDAHO FALLS ID 83401 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.								
Office Held N	lame		Street or PO Address		City	State	Country	Postal Code
MEMBER V	ICKI HULET	MS CCC-SLP	559 MASTERS DR		IDAHO FALLS	ID		83401-3118
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Vicki Hulet			Date: 06/21/2017			
W 24849		Name (type or print): Vicki Hulet			Title: Member			
Processed 06/21/2017 * Electronically provided signatures are accepted as original signatures.								