

No. W 86296	Reinstatement Annual Report Form ADMIN DISSOLVED 11/10/2010		2. Registered Agent and Office (NOT A P.O. BOX) KRISTIN K NEGILSKI 2810 STEWART AVE BOISE ID 83702	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. NEGILSKI CENTER FOR SPEECH, LANGUAGE AND HEARING LLC 2810 STEWART AVE BOISE ID 83702		3. <u>New</u> Registered Agent Signature.	

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.					
Manager/Member	Name	Street or PO Address	City	State	Country Postal Code
	<i>Kristin Negilski</i>	<i>2810 Stewart Ave</i>	<i>Boise</i>	<i>ID</i>	<i>Ada 83702</i>

5. Organized Under the Laws of: IDAHO W 86296	6. Signature: <u><i>Kristin Negilski</i></u> Name (type or print): <u><i>Kristin Negilski</i></u> <i>11/28/10</i> Date: <i>Owner/</i> Title: <i>manager</i>
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