

No. W 127059		Due no later than Jul 31, 2017		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. SAVANNAH LECKINGTON SPEECH LANGUAGE PATHOLOGIST, LLC SAVANNAH LECKINGTON 3065 CROSS LANE AMMON ID 83401 USA		SHAWN BOYLE 3670 S 25TH E SUITE #3 IDAHO FALLS ID 83404			
				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	
MEMBER	SAVANNAH LECKINGTON	3065 CROSS LANE	AMMON	ID	USA	83401	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 127059		Signature: Savannah Leckington			Date: 05/19/2017		
		Name (type or print): Savannah Leckington			Title: Speech language pathologist		
Processed 05/19/2017		* Electronically provided signatures are accepted as original signatures.					