

No. <b>W 64437</b>		<b>Due no later than Jul 31, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  SPEECH THERAPY SERVICES, LLC FAMILY ASSET PROTECTION LEGAL SERV PO BOX 1811 IDAHO FALLS ID 83403		BECKY PIERCE 1200 WALL ST POCATELLO ID 83201			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name BECKY PIERCE	Street or PO Address 1200 WALL ST		City POCATELLO	State ID	Country USA	Postal Code 83201
5. Organized Under the Laws of:  <b>ID</b> <b>W 64437</b>		6. Annual Report must be signed.*  Signature: Robert Crandall Name (type or print): Robert Crandall  Date: 05/15/2014 Title: Agent					
Processed 05/15/2014      * Electronically provided signatures are accepted as original signatures.							