

No. <b>W 24849</b>	<b>Due no later than Jun 30, 2006</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> VICKI HULET SPEECH THERAPY LLC 559 MASTERS DR IDAHO FALLS ID 83401		VICKI HULET MS CCC-SLP 559 MASTERS DR IDAHO FALLS ID 83401			
			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	VICKI HULET MS CCC-SLP	559 MASTERS DR	IDAHO FALLS	ID		83401-3118
5. Organized Under the Laws of:  <b>IDAHO W 24849</b>		6. Annual Report must be signed.* Signature: Vicki Hulet Name (type or print): Vicki Hulet  Date: 07/13/2006 Title: Member				
Processed 07/13/2006		* Electronically provided signatures are accepted as original signatures.				