

No. W 54356		Due no later than Sep 30, 2009		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. ALPINE SPEECH THERAPY, LLC EMILY GRAY 11463 SILVERVIEW ST BOISE ID 83713		JASON M GRAY 11463 SILVERVIEW ST BOISE ID 83713			
				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	
MANAGER	EMILY GRAY	11463 W. SILVERVIEW ST.	BOISE	ID	USA	83713	
MEMBER	JASON M GRAY	11463 W. SILVERVIEW ST.	BOISE	ID	USA	83713	
5. Organized Under the Laws of: ID W 54356		6. Annual Report must be signed.* Signature: Emily Gray Name (type or print): Emily Gray Date: 07/27/2009 Title: Managing Member					
Processed 07/27/2009		* Electronically provided signatures are accepted as original signatures.					