

No. C 192109	Due no later than Aug 31, 2018 Annual Report Form	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. SPEECH PATHOLOGY ASSOCIATES, INC BRENDA PADRON 3270 E 17TH #248 AMMON ID 83406	BRENDA PADRON 3676 BRIAR CREEK LN AMMON ID 83406 3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	BRENDA PADRON	3270 E 17TH #248	AMMON	ID	USA	83406
SECRETARY	BRENDA PADRON	3270 E 17TH #248	AMMON	ID	USA	83406
PRESIDENT	BRENDA PADRON	3270 E 17TH #248	AMMON	ID	USA	83406
5. Organized Under the Laws of: ID C 192109	6. Annual Report must be signed.* Signature: Brenda Padron Name (type or print): Brenda Padron		Date: 08/06/2018 Title: President			
Processed 08/06/2018	* Electronically provided signatures are accepted as original signatures.					