No. **W 64437**	**Due no later than Jul 31, 2011** **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 THERAPY SERVICES, LLC FAMILY ASSET PROTECTION LEGAL SERV PO BOX 1811 IDAHO FALLS ID 83403	BECKY PIERCE 1200 WALL ST POCATELLO ID 83201 3. New 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	BECKY PIERCE	1200 WALL ST	POCATELLO	ID	USA	83201

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 64437**	Signature: Robert Crandall	Date: 05/18/2011
	Name (type or print): Robert Crandall	Title: Attorney

Processed 05/18/2011

* Electronically provided signatures are accepted as original signatures.