No. <b>W 151910</b> Return to:		Due no later than May 31, 2018  Annual Report Form			Registered Agent and Address (NO PO BOX)     COLLEEN MATTHEWS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  KIDSPEAK LLC  COLLEEN MATTHEWS  1642 N FIREBRICK DR  KUNA ID 83634		1642 N FIR KUNA ID	1642 N FIREBRICK DR KUNA ID 83634  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compani	es: Enter Nai	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	COLLEEN MA	ATTHEWS	1642 N FIREBRICK DR	KUNA	ID	USA	83634	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Co		Date: 08/07/2018				
W 151910		Name (type o	r print): Colleen Matthews		Title: Owner			
Processed 08/07/2018 * Electronically provided signatures are accepted as original signatures.								