

No. <b>C 200726</b>	<b>Due no later than Jan 31, 2017</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>  SPEECH SPOT THERAPY INC HAYLIE MILLER 329 S WOODRUFF AVE IDAHO FALLS ID 83401	HAYLIE MILLER 329 S WOODRUFF AVE IDAHO FALLS ID 83401  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
PRESIDENT	HAYLIE MILLER	329 S WOODRUFF AVE	IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of:  <b>ID C 200726</b>	6. Annual Report must be signed.* Signature: HAYLIE MILLER Name (type or print): HAYLIE MILLER		Date: 12/22/2016 Title: PRES			
Processed 12/22/2016		* Electronically provided signatures are accepted as original signatures.				