

No. W 118934	Due no later than Nov 30, 2015 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. LUKE SEARLE SPEECH LANGUAGE PATHOLOGIST, LLC LUKE K SEARLE 3396 GREENWILLOW LANE IDAHO FALLS ID 83401 USA		SHAWN D BOYLE 3875 S AMERICAN WAY IDAHO FALLS ID 83402			
			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
MEMBER	LINDSAY SEARLE	3396 GREENWILLOW LANE	IDAHO FALLS	ID	USA	83401
MEMBER	LUKE SEARLE	3396 GREENWILLOW LANE	IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of: ID W 118934	6. Annual Report must be signed.* Signature: Luke Searle Name (type or print): Luke Searle		Date: 09/20/2015 Title: MS CCC-SLP. Owner			
Processed 09/20/2015		* Electronically provided signatures are accepted as original signatures.				