No. <b>C 213074</b>		Due no later than Mar 31, 2018			2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  AVANCE SPEECH THERAPY INC CORNISA GAXIOLA 329 S WOODRUFF AVE IDAHO FALLS ID 83401		CORNISA GAXIOLA 329 S WOODRUFF AVE IDAHO FALLS ID 83401-8340  3. New Registered Agent Signature:*				
RECEIVED BY		ess Addresses	of President, Secretary, and Directors. Tre-	asurer (d	ontional)			
Office Held	Name	1000 / 1001 00000	Street or PO Address	asarci (c	City	State	Country	Postal Code
PRESIDENT	CORNISA G	AXIOLA	329 S WOODRUFF AVE		IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 213074		Signature:	Date: 03/27/2018					
		Name (type or print): CORNISA GAXIOLA Title: PRES						
Processed 03/27/20:	18	* Electronically provided signatures are accepted as original signatures.						