

No. W 128032	Due no later than Aug 31, 2017 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. COMPASS SPEECH THERAPY AND DEVELOPMENT SERVICES, L.L.C. KELLY M HOWARD 4120 N CRESWELL WAY BOISE ID 83713 USA		KELLY M HOWARD 4120 N CRESWELL WAY BOISE ID 83713			
			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
MANAGER	KELLY M HOWARD	4120 N CRESWELL WAY	BOISE	ID	USA	83713
5. Organized Under the Laws of: ID W 128032	6. Annual Report must be signed.* Signature: Kelly Howard Name (type or print): Kelly Howard		Date: 06/26/2017 Title: Manager			
Processed 06/26/2017		* Electronically provided signatures are accepted as original signatures.				