No. <b>C 190854</b>		Due no later than Apr 30, 2017			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		Annual Report Form  1. Mailing Address: Correct in this box if needed.  WALKER SPEECH THERAPY, INC.  CINDY WALKER  PO BOX 307  DRIGGS ID 83422			CYNTHIA WALKER 780 BUFFALO TRAIL DRIGGS ID 83422  3. New Registered Agent Signature:*			
				<b></b>				
4. Corporations: Enter Na	mes and Busin	ess Addresses	of President, Secretary, and Directors. Trea	asurer (	optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
SECRETARY PRESIDENT	JASON D. V CINDY WALF		P.O. BOX 307 P. O. BOX 307		DRIGGS DRIGGS	ID ID	USA USA	83422 83422
5. Organized Under the Laws of:		6. Annual Rep	oort must be signed.*					
ID C 190854		Signature: Lorri Byington			Date: 03/16/2017			
		Name (type or print): Lorri Byington			Title: Bookkeeper			
Processed 03/16/2017		* Electronically	y provided signatures are accepted as origin	nal signa	atures.			