No. **W 76656**	**Due no later than Aug 31, 2010** **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.** CHATTERTON SPEECH THERAPY LLC RIAN N CHATTERTON 2637 LAVENDER IDAHO FALLS ID 83401 USA	RIAN N CHATTERTON 2637 LAVENDER IDAHO FALLS ID 83401 3. New 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	RIAN NOEL CHATTERTON	2637 LAVENDER DR	IDAHO FALLS	ID	USA	83401

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 76656**	Signature: Rian Chatterton	Date: 07/08/2010
	Name (type or print): Rian Chatterton	Title: Manager

Processed 07/08/2010

* Electronically provided signatures are accepted as original signatures.