No. W 54356	Due no later than September 30, 2008 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	1. Mailing Address - Correct in this box, if applicable ALPINE SPEECH THERAPY, LLC 11463 SILVERVIEW ST BOISE, ID 83713	JASON M GRAY 11463 SILVERVIEW ST BOISE, ID 83713 3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held	Name	Street or P.O. Address	City	State	Zip
Managing Member	Jason Gray	11463 W. Silverview St.	Boise	ID	83713

5. Organized Under the Laws of:	6.
IDAHO W 54356	Signature Jason Gray Date 7/14/08 Name (Typed or Printed) Jason Gray Title Managing Member

Issued 07/01/2008

Do Not Tape or Staple

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