

No. W 76388	Due no later than Jul 31, 2016 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. KDM SPEECH SERVICES LLC KARISSA D MILLER 1455 JUNIPER DRIVE POCATELLO ID 83204		KARISSA MILLER 1455 JUNIPER DRIVE POCATELLO ID 83204			
			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	KARISSA D MILLER	1455 JUNIPER DRIVE	POCATELLO	ID	USA	83204
5. Organized Under the Laws of: ID W 76388	6. Annual Report must be signed.* Signature: Karissa Miller Name (type or print): Karissa Miller		Date: 08/25/2016 Title: Manager			
Processed 08/25/2016		* Electronically provided signatures are accepted as original signatures.				