



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov



Return completed form within 30 days to:

Idaho Secretary of State
Attn: Annual Reports
450 North 4th Street
Boise, ID 83720
Phone: (208) 334-2300

For Office Use Only

-FILED-

File #: 0005285735

Date Filed: 6/15/2023 10:41:00 AM

Due no later than: 07/31/2023

Annual Report: No filing fee if received by the due date.

SOS Control Number: 4821489

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 07/12/2022

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

Speech-Language Services, LLC
626 CALIFORNIA ST
GOODING, ID 83330

Registered Agent (RA) and Registered Office (RO) Address:

(2) Change RA and/or RO Address:

CINDY J HOWELLS
626 CALIFORNIA ST
GOODING, ID 83330

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Cindy J. Howells	626 California St	Gooding, ID 83330
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Cindy J. Howells

(6) Date:

6-12-2023

(7) Type/Print Name:

Cindy J. Howells

(8) Title:

Speech Language
Pathologist, owner
agent

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

B0805-1926 06/15/2023 10:41 AM Received by Office of the Idaho Secretary of State