

No. W 76656		Due no later than Aug 31, 2018 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		1. Mailing Address: Correct in this box if needed. CHATTERTON SPEECH THERAPY LLC RIAN N CHATTERTON 13075 W PERSIMMON LANE SUITE 120 BOISE ID 83713 USA		RIAN N CHATTERTON 13075 W PERSIMMON LANE SUITE 120 BOISE ID 83713			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name RIAN NOEL CHATTERTON	Street or PO Address 499 OAK VIEW DR		City MERIDIAN	State ID	Country USA	Postal Code 83642
5. Organized Under the Laws of: ID W 76656		6. Annual Report must be signed.* Signature: Rian Chatterton Name (type or print): Rian Chatterton Date: 09/20/2018 Title: Owner					
Processed 09/20/2018 * Electronically provided signatures are accepted as original signatures.							