

No. W 152187	Due no later than May 31, 2017 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. LYNN'S SPEECH AND LANGUAGE THERAPY L.L.C. VANNESSA LYNN COONROD 2004 W NEILSCOTT DR NAMPA ID 83651		VANESSA LYNN COONROD 2004 W NEILSCOTT DR NAMPA ID 83651			
			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	VANNESSA LYNN COONROD	2004 W. NEILSCOTT DRIVE	NAMPA	ID	USA	83651
5. Organized Under the Laws of: ID W 152187	6. Annual Report must be signed.* Signature: Vanessa L. Coonrod Name (type or print): Vanessa L. Coonrod		Date: 03/17/2017 Title: Manager			
Processed 03/17/2017		* Electronically provided signatures are accepted as original signatures.				