

No. W 76261	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.		RACHEL SEIBOLD 2114 SETTLER'S LN TWIN FALLS ID 83301			
	SEIBOLD SPEECH THERAPY LLC RACHEL A SEIBOLD 2114 SETTLER'S LN TWIN FALLS ID 83301		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	RACHEL A SEIBOLD	2114 SETTLER'S	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID W 76261		6. Annual Report must be signed.* Signature: R Seibold Name (type or print): R Seibold		Date: 05/28/2016 Title: Manager		
Processed 05/28/2016		* Electronically provided signatures are accepted as original signatures.				