

No. W 76261		Due no later than Jul 31, 2013 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. SEIBOLD SPEECH THERAPY LLC RACHEL A SEIBOLD 1188 CASWELL AVE W TWIN FALLS ID 83301		RACHEL SEIBOLD 1188 CASWELL AVE W TWIN FALLS ID 83301			
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 RACHEL A SEIBOLD	Street or PO Address 1188 CASWELL AVE W		City TWIN FALLS	State ID	Country USA	Postal Code 83301
5. Organized Under the Laws of: ID W 76261		6. Annual Report must be signed.* Signature: Rachel Seibold Name (type or print): Rachel Seibold Date: 07/31/2013 Title: Manager					
Processed 07/31/2013 * Electronically provided signatures are accepted as original signatures.							