

No. <b>W 187596</b>	<b>Due no later than Aug 31, 2018</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> CHELSEA MCKINNIS- SPEECH LANGUAGE PATHOLOGIST LLC CHELSEA MCKINNIS 4339 S OLD SPORT WAY BOISE ID 83716		CHELSEA MCKINNIS 4339 S OLD SPORT WAY BOISE ID 83716			
			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	CHELSEA GRACE MCKINNIS	4339 S OLD SPORT WAY	BOISE	ID	USA	83716
5. Organized Under the Laws of:  <b>ID</b> <b>W 187596</b>	6. Annual Report must be signed.* Signature: Chelsea McKinnis Name (type or print): Chelsea McKinnis		Date: 09/24/2018 Title: Ms			
Processed 09/24/2018		* Electronically provided signatures are accepted as original signatures.				