

No. <b>W 128032</b>	<b>Due no later than Aug 31, 2015</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> COMPASS SPEECH THERAPY AND DEVELOPMENT SERVICES, L.L.C. KELLY M HOWARD 4120 N CRESWELL WAY BOISE ID 83713 USA		KELLY M HOWARD 4120 N CRESWELL WAY BOISE ID 83713			
			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	KELLY M HOWARD	4120 N CRESWELL WAY	BOISE	ID	USA	83713
5. Organized Under the Laws of:  <b>ID</b> <b>W 128032</b>	6. Annual Report must be signed.* Signature: Kelly M Howard Name (type or print): Kelly M Howard		Date: 07/17/2015 Title: Manager			
Processed 07/17/2015		* Electronically provided signatures are accepted as original signatures.				