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| No. W 85108 | Due no later than Jun 30, 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 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. SPEECH SPOT LLC LAURA MCCARTHY 4810 GROVER ST BOISE ID 83705 USA | | LAURA MCCARTHY 4810 GROVER ST BOISE ID 83705 | | | |
| | | | 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 |
| MEMBER | LAURA J MCCARTHY | 4810 GROVER STREET | BOISE | ID | USA | 83705 |
| 5. Organized Under the Laws of: ID W 85108 | | 6. Annual Report must be signed.* Signature: Laura McCarthy Name (type or print): Laura McCarthy Date: 05/05/2013 Title: Owner and Speech Pathologist | | | | |
| Processed 05/05/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | |