

No. W 142277		Due no later than Sep 30, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. HALL SPEECH THERAPY SERVICES LLC CHALYSE A. HALL 4908 BROOKSTONE AVE CHUBBUCK ID 83202		CHALYSE HALL 4908 BROOKSTONE AVE CHUBBUCK ID 83202	
				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	CHALYSE APRIL HALL	4908 BROOKSTONE ST.	CHUBBUCK	ID	USA 83202
5. Organized Under the Laws of: ID W 142277		6. Annual Report must be signed.* Signature: Chalyse A. Hall Date: 10/26/2016 Name (type or print): Chalyse A. Hall Title: Manager			
Processed 10/26/2016		* Electronically provided signatures are accepted as original signatures.			