No. W 64437		Due no later than Jul 31, 2008	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	BECKY PIERCE			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SPEECH THERAPY SERVICES, LLC FAMILY ASSET PROTECTION LEGAL SERV PO BOX 1811 IDAHO FALLS ID 83403	1200 WALL ST POCATELLO ID 83201 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Compa	anies: Enter Na	mes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER BECKY PIERO		CE 1200 WALL ST	POCATELLO	ID	USA	83201
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID W 64437		Signature: Robert Crandall	Date: 05/09/2008			
		Name (type or print): Robert Crandall	Title: Attorney			
Processed 05/09/2008 * Electronically provided signatures are accepted as original signatures.						