

No. C 200227	Due no later than Nov 30, 2016 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. CHAD JUDY SPEECH-LANGUAGE PATHOLOGY SERVICES INC CHAD JUDY 329 S WOODRUFF AVE IDAHO FALLS ID 83401	CHAD JUDY 329 S WOODRUFF AVE IDAHO FALLS ID 83401 3. <u>New</u> Registered Agent Signature: *				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	CHAD JUDY	329 S WOODRUFF AVE	IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of: ID C 200227	6. Annual Report must be signed.* Signature: CHAD JUDY Name (type or print): CHAD JUDY		Date: 10/31/2016 Title: PRES			
Processed 10/31/2016		* Electronically provided signatures are accepted as original signatures.				