

No. <b>C 186350</b>	<b>Due no later than Feb 29, 2012</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> BOISE CAT CLINIC, P.C. ROBIN ROLLER 506 N. LATAH ST. BOISE ID 83706 USA		ROBIN ROLLER 3293 W SCENIC DR BOISE ID 83703			
			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	ROBIN ROLLER	3293 W. SCENIC DR.	BOISE	ID	USA	83703-4718
5. Organized Under the Laws of:  <b>ID C 186350</b>	6. Annual Report must be signed.* Signature: Robin Roller Name (type or print): Robin Roller		Date: 12/09/2011 Title: President			
Processed 12/09/2011		* Electronically provided signatures are accepted as original signatures.				