

No. C 125811	Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2014		2. Registered Agent and Office (NOT A P.O. BOX) JOHN A SFINGI 300 S 129 E 129 E a 300 So JEROME ID 83338																																																	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. SUMMIT LARGE ANIMAL CLINIC, P.A. JOHN A SFINGI 300 S 129 E 129 E a 300 So JEROME ID 83338		3. <u>New</u> Registered Agent Signature.																																																	
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>John SFINGI</td> <td>129 E a 300 So</td> <td>JEROME</td> <td>ID</td> <td>JEROME</td> <td>83338</td> </tr> <tr> <td>Secretary</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Vice Pres.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Treasurer</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>V. Pres.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Director</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	John SFINGI	129 E a 300 So	JEROME	ID	JEROME	83338	Secretary							Vice Pres.							Treasurer							V. Pres.							Director						
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5. Organized Under the Laws of: IDAHO C 125811	6. Signature: <u><i>John A. Sfinqi</i></u> Date: <u>11/5/15</u> Name (type or print): <u>President (John A. Sfinqi)</u> Title: <u>President</u>																																																			

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