

No. <b>C 104989</b>		<b>Due no later than Jan 31, 2015</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>Annual Report Form</b>		CONNIE S RIPPEL 542 MAIN AVE S TWIN FALLS 83301			
		<b>1. Mailing Address: Correct in this box if needed.</b> MAGIC VALLEY VETERINARY HOSPITAL, PA CONNIE S RIPPEL 542 MAIN AVE S TWIN FALLS ID 83301 USA		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	
SECRETARY	SONIA FRY	3968 N 3610 E	KIMBERLY	ID	USA	83341	
PRESIDENT	CONNIE S RIPPEL	3968 N 3610 E	KIMBERLY	ID	USA	83341	
5. Organized Under the Laws of:  <b>ID C 104989</b>		6. Annual Report must be signed.* Signature: Connie S. Rippel Name (type or print): Connie S. Rippel Date: 11/24/2014 Title: president					
Processed 11/24/2014		* Electronically provided signatures are accepted as original signatures.					