

No. C 123313		Due no later than Mar 31, 2018 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. SOUTHWAY ANIMAL CLINIC, P.C. DAVID ARD 705 16TH AVE LEWISTON ID 83501		DR DAVID ARD 705 16TH AVE LEWISTON ID 83501			
						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	KARIANN J RUFF	751 20TH AVE	CLARKSTON	WA	USA	99403	
PRESIDENT	DAVID R ARD	3627 23RD STREET	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of: ID C 123313		6. Annual Report must be signed.* Signature: David Ard Name (type or print): David Ard Date: 01/22/2018 Title: President					
Processed 01/22/2018 * Electronically provided signatures are accepted as original signatures.							