

No. W 54114		Due no later than Sep 30, 2014		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		Annual Report Form		REED LINENBERGER 3082 S BOWN WY BOISE ID 83706			
		1. Mailing Address: Correct in this box if needed. HABITAT VETERINARY HOSPITAL, PLLC REED M LINENBERGER 3082 S BOWN WAY BOISE ID 83706		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	SOHAILA L MALEKI	3082 S BOWN WAY	BOISE	ID	USA	83706	
MEMBER	REED M LINENBERGER	3082 S BOWN WAY	BOISE	ID	USA	83706	
5. Organized Under the Laws of: ID W 54114		6. Annual Report must be signed.* Signature: Reed Linenberger Name (type or print): Reed Linenberger					
		Date: 07/17/2014 Title: Owner					
Processed 07/17/2014		* Electronically provided signatures are accepted as original signatures.					