

No. C 148827	Due no later than Apr 30, 2011 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. ADA ANIMAL HOSPITAL, P.A. WAYNE LOERTSCHER 8250 W VICTORY RD BOISE ID 83709	WAYNE LOERTSCHER 8250 W VICTORY RD BOISE ID 83709				
		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	WAYNE T LOERTSCHER	8250 W VICTORY RD	BOISE	ID	USA	83709
5. Organized Under the Laws of: ID C 148827	6. Annual Report must be signed.* Signature: Wayne Loertscher Name (type or print): Wayne Loertscher		Date: 03/17/2011 Title: President			
Processed 03/17/2011		* Electronically provided signatures are accepted as original signatures.				