No. C 117612 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Due no later than Dec 31, 2011 Annual Report Form 1. Mailing Address: Correct in this box if needed. LARUE VETERINARY CLINIC, P.C. JAMES L LARUE 3893 N 2250 E FILER ID 83328		2. Registered	2. Registered Agent and Address (NO PO BOX)			
				3893 N 225 FILER ID	JAMES L LARUE DVM 3893 N 2250 E FILER ID 83328 3. New Registered Agent Signature:*			
RECEIVED B		USA ess Addresses of Pro	esident, Secretary, and Directors. Tre	easurer (ontional)				
Office Held	Name	icos madi cosco di Tri	Street or PO Address	City	State	Country	Postal Code	
SECRETARY PRESIDENT	BONNIE R. JAMES L LA	SIMPER-LARUE ARUE	3761 N. 2250 E. 3761 N. 2250 E.	FILER FILER	ID ID	USA USA	83328 83328	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: James L. LaRue			Date: 10/24/2011			
C 117612		Name (type or p		Title: President				
Processed 10/24/20	11	* Electronically prov	rided signatures are accepted as origi	nal signatures.				