No. C 142411		Due no later than Feb 29, 2012	2. Registered Agent and Address (NO PO BOX) KEITH RUBLE				
Return to:		Annual Report Form					
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.		935 HWY 55 S CASCADE ID 83611			
		CASCADE VETERINARY CLINIC PC KEITH RUBLE PO BOX 551	CASCADE ID 05011				
		CASCADE ID 83611	3. New Registered Agent Signature:*				
		USA					
4. Corporations: Ente	er Names and Busine	ess Addresses of President, Secretary, and Directors. Treasurer	(optional).				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT KEITH RUBLE SECRETARY MICHELLE HIN			CASCADE CASCADE	ID ID	USA USA	83611 83611	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Keith Ruble	Date: 12/09/2011				
C 142411		Name (type or print): Keith Ruble	Title: President				
Processed 12/09/201	11	* Electronically provided signatures are accepted as original sign	natures.				