

No. C 142411	Due no later than Feb 29, 2016 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. CASCADE VETERINARY CLINIC PC KEITH RUBLE PO BOX 551 CASCADE ID 83611		KEITH RUBLE 935 HWY 55 S CASCADE ID 83611			
			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	KEITH RUBLE	PO BOX 551	CASCADE	ID	USA	83611
5. Organized Under the Laws of: ID C 142411	6. Annual Report must be signed.* Signature: keith ruble Name (type or print): keith ruble		Date: 01/01/2016 Title: president			
Processed 01/01/2016		* Electronically provided signatures are accepted as original signatures.				