

No. W 25646		Due no later than Aug 31, 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		1. Mailing Address: Correct in this box if needed. NORTH PALOUSE VETERINARY CLINIC LLC STEPHENIE J WOOLVERTON 1010 TRAVIS RD POTLATCH ID 83855		SHARI CARNAHAN 1010 TRAVIS RD POTLATCH ID 83855			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name SHARI CARNAHAN	Street or PO Address 580 BREMNER RD		City DESMET	State ID	Country USA	Postal Code 83824
5. Organized Under the Laws of: ID W 25646		6. Annual Report must be signed.* Signature: Stephenie Woolverton Name (type or print): Stephenie Woolverton Date: 08/09/2011 Title: Receptionist					
Processed 08/09/2011 * Electronically provided signatures are accepted as original signatures.							