No. W 508 Return to:		Due no later than Sep 30, 2015 Annual Report Form		2	Registered Agent and Address (NO PO BOX) ARTHUR L MAENDL DMV				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. KINDNESS SMALL ANIMAL MEDICAL CENTER, P.L.L.C. ARTHER MAENDL 1803 12TH AVE ROAD NAMPA ID 83686			6090 ALFALFA PL NAMPA ID 83686 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		USA							
4. Limited Liability Compa	anies: Enter Na	mes and Addresses of a	it least one Member or Manager.						
Office Held	Name		Street or PO Address		City	State	Country	Postal Code	
MANAGER	ARTHER MA	AENDL	6090 ALFALFA PL		Nampa	ID	USA	83686	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID		Signature: Art Maendl			Date: 09/29/2015				
W 508		Name (type or print): Art Maendl			Title: Owner				
Processed 09/29/2015 * Electronically provided signatures are accepted as original signatures.									