No. <b>W 66701</b>	Due no later than Sep 30, 2015		2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form		TAMMY FAULKNER				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.		1172 FLANNIGAN CREEK RD VIOLA ID 83872				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	AFFORDABLE VETERINARY CARE, PLLC TAMMY FAULKNER 1172 FLANNIGAN CREEK RD VIOLA ID 83872		VIOLA ID 63672				
			3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held Name	S	Street or PO Address	City	State	Country	Postal Code	
MEMBER TAMMY FAULKNER		172 FLANNIGAN CREEK RD	VIOLA	ID		83872	
5. Organized Under the Laws of:	nder the Laws of:  6. Annual Report must be signed.*						
ID	Signature: Tammy Faul	Гатту Faulkner		Date: 07/20/2015			
W 66701	Name (type or print): Tammy Faulkner		Title: Owner, veterinarian				
Processed 07/20/2015	* Electronically provided signatures are accepted as original signatures.						