

No. C 144411		Due no later than Jun 30, 2017		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		Annual Report Form		KATHERINE L MILLER 504 N MAIN ST MOSCOW ID 83843			
		1. Mailing Address: Correct in this box if needed. PALOUSE ANIMAL WELLNESS AND SURGERY CENTER, P.A. KATHERINE L MILLER 504 N MAIN ST MOSCOW ID 83843 USA		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	KATHERINE L MILLER	504 N MAIN ST	MOSCOW	ID	USA	83843	
SECRETARY	JAMES D MILLER	504 N MAIN	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 144411		Signature: Katherine L Miller				Date: 05/04/2017	
		Name (type or print): Katherine L Miller				Title: President	
Processed 05/04/2017		* Electronically provided signatures are accepted as original signatures.					