No. C 145728	Due no later than Oct 31, 2017	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form 1. Mailing Address: Correct in this box if needed. LAKEWOOD ANIMAL HOSPITAL, P.A. A BRUCE KING 272 WEST HANLEY AVENUE COEUR D ALENE ID 83815-7757	EDWARD J ANSON 608 NORTHWEST BLVD STE 401 COEUR D'ALENE ID 83814-2146 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA	() () () () () () () () () ()			
Office Held Name	less Addresses of President, Secretary, and Directors. Treasurer Street or PO Address	(optional). City	State	Country	Postal Code
PRESIDENT A BRUCE K		COEUR D'ALENE	ID	USA	83815-7757
5. Organized Under the Laws of:	5. Annual Report must be signed.*				
ID	Signature: Bruce King	Date: 08/29/2017			
C 145728	Name (type or print): Bruce King	Title: president			
Processed 08/29/2017	* Electronically provided signatures are accepted as original signatures.				