

|  |   |   |                                  |       |                     |
|--|---|---|----------------------------------|-------|---------------------|
| No. <b>W 25646</b>   | <b>Due no later than Aug 31, 2018</b><br><b>Annual Report Form</b>  | 2. Registered Agent and Address <b>(NO PO BOX)</b>                        |                                  |       |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b><br>NORTH PALOUSE VETERINARY CLINIC LLC<br>SHARI L CARNAHAN<br>1010 TRAVIS RD<br>POTLATCH ID 83855 | SHARI CARNAHAN<br>1010 TRAVIS RD<br>POTLATCH ID 83855                     |                                  |       |                     |
|  |   | 3. <u>New</u> Registered Agent Signature:*                                |                                  |       |                     |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |   |   |                                  |       |                     |
| Office Held  | Name  | Street or PO Address  | City                             | State | Country Postal Code |
| MEMBER   | SHARI CARNAHAN  | 580 BREMNER RD  | DESMET                           | ID    | 83824               |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 25646</b>   | 6. Annual Report must be signed.*<br>Signature: Shari Carnahan<br>Name (type or print): Shari Carnahan  |   | Date: 06/23/2018<br>Title: Owner |       |                     |
| Processed 06/23/2018   |   | * Electronically provided signatures are accepted as original signatures. |                                  |       |                     |